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ABSTRACT

This guide features programs and initiatives that foster community development, while improving the health of individuals, or provide services to improve the health of individuals as well as fostering community economic development. The guide was developed to provide examples of successful programs and workable strategies to assist the revitalization activities underway in the Making Connections communities of the Annie E. Casey Foundation. The guide provides details about 44 programs illustrative of the varying pathways between health and community economic development. In particular, the guide focuses on 14 programs that have improving health as the primary focus, 2 with a primary focus on enhancing the economic status of individuals and/or their communities, and 28 in which the focus is dual, improving health and enhancing economic status. All of the highlighted programs are illustrative of means to achieve the objectives noted, and all reflect some hallmarks of effective community programs. (SLD)

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JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES

RESOURCE GUIDE TO COMMUNITY-BASED HEALTH AND COMMUNITY DEVELOPMENT INITIATIVES

May 2002

PREPARED BY THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES FOR THE ANNIE E. CASEY FOUNDATION

By Wilhelmina A. Leigh, Maren A. Jimenez Deitra H. Lee, and Julia L. Andrews

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Joint Center for Political and Economic Studies

May 2002

Report prepared by the Joint Center for Political and Economic Studies
for the Annie E. Casey Foundation

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Introduction

In many communities with persistently high unemployment rates and limited economic infrastructures, strategies to stimulate economic development long have been pursued to change the status quo. From Model Cities in the 1960s through Community Development Block Grants (CDBGs) first implemented in the 1970s to Empowerment Zones/Enterprise Communities and the Brownfields Economic Redevelopment Initiative in the 1990s, federal programs have sought to jumpstart local economies in a variety of ways. Private sector initiatives also have served as engines for community economic development, sometimes in conjunction with federal government efforts, as in the Jobs-Plus program, a public-private partnership.

Since the late 1980s, selected foundations also have supported various community building initiatives. For example, the Rockefeller Foundation launched its persistent poverty initiative in 1987, followed in 1990 by the Ford Foundation with its Neighborhood and Family Initiative. Surdna Foundation et al. implemented the Comprehensive Community Revitalization Program in 1992; the Annie E. Casey Foundation put into place the Rebuilding Communities program in 1993; and the W.K. Kellogg Foundation launched Turning Point in 1996 (Wright 1998). Although a major purpose of these initiatives has been to stimulate economic development, some have improved not only the economic health of the communities in which they are located but also the health of their residents. This has not always been unintended. In fact, some programs, such as those implemented in Brownfields Showcase Communities, seek to foster both improved health for residents and economic development for a community.

This *Guide* features programs/initiatives that do one of the following — primarily foster community economic development (but also improve the health of individuals), or primarily provide services to improve the health of individuals (but also foster community economic development). The Joint Center for Political and Economic Studies developed this *Resource Guide*, with support from the Annie E. Casey Foundation, to provide examples of successful programs and workable strategies to assist the revitalization activities underway in Casey's Making Connections communities. The *Guide* provides details about 44 programs illustrative of the varying pathways between health and community economic development. In particular, the *Guide* features 14 programs whose primary focus is to improve health, 2 whose primary focus is to enhance the economic status of individuals and/or their communities, and 28 whose focus is dual — to both improve health and enhance economic status.

In this introduction community economic development is briefly defined, and its linkages to health and health care services are explored. The associations between the various aspects of work and health also are described. The content and structure of the *Guide* are explained as well.

Linkages Between Community Economic Development and Health

As the words indicate, community economic development engages a community in

economic development. For the purpose of this *Guide*, community is defined as ... "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (MacQueen et al. 2001). Economic development results from the implementation by a community, its government, its businesses, and other stakeholders of a series of interactive policies, procedures, and activities that influence the growth and restructuring of an economy. Local economic activity and resources (including residents, associations, and institutions) first must be analyzed, before they can be restructured, sustained, or expanded as necessary to achieve the desired development. Thus, community economic development or revitalization can be defined as a process that influences the growth and restructuring of an economy to enhance the well-being of the community that functions within it. The visible results of community economic development include such things as reduced poverty, higher material living standards, and an overall improved quality of life.

Health (broadly defined as well-being rather than as the absence of disease) and the economic development of a community are inseparable. Factors that promote or impair health are economic, as well as biomedical, cultural, and environmental. All of the following influence the health outcomes of individuals and, thus, the health of a community: level of industrialization, housing density and quality, poverty, unemployment rates, availability of recreational space and social services, and availability of mass transit (National Association of County and City Health Officials [NACCHO] 2000). Public health is generally defined as "what we as a society do collectively to assure the conditions for people to be healthy" (Baxter 2001). The history of a city and its neighborhoods is critical to the current state of any community and assessing the need for redevelopment or revitalization. This redevelopment thus can involve community-based planning activity that links public health domains such as epidemiology, health promotion, disease prevention, and pollution prevention with issues related to urban design and housing, and to the creation of employment opportunities (NACCHO 2000).

Although economic development generally is thought to include fostering the viability of enterprises or businesses, human resource development (e.g., job training, providing health care services) to enhance the productivity of residents, also is an integral part of the process. In fact, one form of community economic development, referred to as "community building" or "comprehensive community initiatives," emphasizes addressing the sources of neighborhood deterioration in a synergistic fashion. This approach includes the simultaneous use of an array of both physical and human resource strategies such as housing/physical development, crime prevention, economic development, and youth programming (Wright 1998). The Empowerment Zone/Enterprise Community (EZ/EC) Initiative, one example of a comprehensive community initiative featured as a resource in this *Guide*, reported that in nearly a third (31 percent) of their targeted neighborhoods health enhancing activities were undertaken in addition to the usual strategies noted (Wright 1998). In general, the key principles underlying community economic development to address problems of persistent deterioration include the following:

- stressing the primacy of local definition, investment, creativity, hope, and control;
- building on resident and local-institution assets, increasing leadership capacity and

organizational strength;

- building local capacity for social and health improvements by putting the control over the determinants of these improvements within the auspices of community members through the use of a grassroots or bottom-up decisionmaking processes and strategic planning;
- emphasizing equity, participation, and ecological sustainability within all initiatives undertaken; and
- providing both access to current profits and an ownership stake in expected economic growth, which will ultimately add to the wealth of a community (Kretzmann & McKnight 1993; National Council for Urban Economic Development 1996; Wright 1998).

One example of the linkage between community economic development and health is the construction of a grocery store in a disadvantaged neighborhood. The construction of a grocery store, the result of economic development, makes fresh fruits and vegetables more readily available and, therefore, more likely to be consumed by local residents. Greater consumption of fruits and vegetables can lessen morbidity from many conditions and, thereby, improve the health of individuals. If a grocery store locating in a neighborhood results in the hiring of and the acquisition of health insurance coverage by local residents, this form of economic development would enhance the health of residents in yet another way.

Providing health care services also can foster community economic development, because good health is a critical determinant of economic security. The construction of a clinic, for example, could foster economic development, if the clinic becomes the anchor tenant in a neighborhood mall and attracts to the mall other businesses that hire local residents. The provision of health care services at any accessible location either inside or outside of a given neighborhood also could foster community economic development if it enables residents of a given neighborhood to become both more healthy and more gainfully employed.

Partnerships between communities and neighboring institutions of higher education are one means for fostering community economic development. In some locales, these partnerships also undertake activities to improve health (e.g., Camden Community Health Worker Initiative/Rowan University; Walk-In Health Screening Clinic/University of Toledo). These partnerships are guided by a set of principles that expand upon those noted above for the community development process in general. Wolff, Young, and Maurana (2001) list the following prerequisites for effective "town-gown" health-community economic development partnerships:

- trust, respect, and genuineness;
- shared mission and goals;
- open communication;
- respect for community knowledge;
- focus on strengths and assets;
- shared resources;
- flexibility, compromise, and feedback;

- attainable, measurable objectives;
- commitment by all partners; and
- shared credit.

Work and Health. The interaction between economic development and health clearly subsumes the relationship between health and work (or the lack thereof — i.e., unemployment). As part of their Work and Health Initiative, The California Wellness Foundation reviewed the research about work and health and identified the following 12 themes (Brousseau & Yen 1999):

1. *Work is central to social status, one of the most powerful predictors of health outcome.* Because health has been found to improve with socioeconomic status in every society, past and present, in which it has been measured, initiatives to improve socioeconomic status (via community economic development and employment) could be expected to enhance health outcomes.

2. *Unemployment is associated with a large number of health risks.* These health risks include low self-esteem, high rates of depression, excess suicides, increased alcohol consumption, increases in mortality rates, and depressed immunological functioning. The relationship between unemployment and health works in both directions — i.e., becoming unemployed increases health risks, and being physically or mentally ill places one at greater risk of unemployment (Dooley, Fielding, & Levi 1996). Although four main mechanisms commonly are considered to explain the relationship between unemployment and ill health or mortality, the role of each mechanism varies depending on the direction of the relationship and the populations studied. These mechanisms are: the role of relative poverty; social isolation, and loss of self-esteem; health-risk behaviors; and the effect that a spell of unemployment has on subsequent employment patterns (Bartley 1994). Length of unemployment, if it is associated with a worsened quality of health, also is linked to a reduced likelihood that one will be re-employed (Rodriguez 2001).

3. *Inadequate employment is also associated with poor health outcomes.* To more accurately reflect the changes in today's labor market, Dooley, Fielding, and Levi (1996) suggest examining the relationship between health and each of the many employment statuses from long-term unemployment to overemployment (i.e., too much overtime or holding multiple jobs).

4. *The degree of control that employees exercise over their work influences health.* In other words, workers who confront high job demands with little decision latitude are likely to experience job strain with its attendant poor health outcomes. In addition, reductions in staff influence the job strain of remaining employees because of the increased work demands they may face.

5. *At least one study indicates that every step up the occupational ladder has positive*

health consequences. The increased control or decision latitude that comes as one moves up the occupational ladder is theorized to explain this finding.

6. *Access to health insurance comes primarily through the workplace and has important health consequences*. Although employment-based health insurance is a vestige of the World War II era, when incentives were necessary to attract workers into the labor force, the linkage between employment and insurance remains today. Thus, unemployment for many is directly associated with a lack of health insurance and also with lessened access to health care (both preventive and remedial).

7. *Work site health promotion programs improve the health of those who have access to them*. Work site health promotion programs often evolve from an employer's interest in reducing both health-related absenteeism and premium costs for health insurance coverage of a workforce with sub-optimal health. Although by no means universal, where available, these programs have been found to improve health.

8. *Despite its overall health benefits, work can be hazardous to health*. The annual costs of workplace injuries and deaths support this point.

9. *Work influences the health of families and children*. This theme is supported primarily by the finding that unemployment negatively influences the health of family members other than the job loser.

10. *Health conditions affect work status*. Although less frequently examined than the impact of work status on health, one clear piece of evidence that health conditions affect work status is the lower employment rates among the disabled than among the non-disabled. However, the hypothesis that poor health leads to poverty (so-called reverse causality) has not been substantiated by research (Bhatia & Katz 2001).

11. *Income inequality affects health*. Disparities between the incomes of the rich and the poor have been found to be associated with poorer health outcomes and higher death rates (Kawachi, Kennedy, & Wilkinson 1999). In other words, nations, states, and regions with larger gaps between the incomes of the rich and the poor have worse health outcomes than places with less income inequality. Income inequality apparently affects social networks, and service systems and, thereby, influences overall population health.

12. *An emerging social science framework integrates labor market conditions, employment experiences, and health*. The many linkages noted, but not always explained, in the research about work and health beg for an interdisciplinary framework to provide a clearer understanding of the operative connections and directional pathways.

The bi-directional relationship between health and work clearly underlies the bi-directional relationship between health and economic development. Many of the initiatives

cited in this *Resource Guide* both provide employment to community residents and enhance the economic status of the neighborhoods in which they are implemented, thus demonstrating the connection between work and economic development. The goal of all the programs referenced in the *Guide* clearly is to improve the quality of life for persons living in economically underdeveloped places. Creating a synergy between work/job initiatives and health-fostering activities is one way to achieve this.

The Resource Guide

Program Selection. The *Resource Guide* was developed as a reference document for persons seeking information about how to implement initiatives that foster the synergy between community economic development and the health of individuals in the given community. Candidate programs for inclusion in the *Guide* were identified in the following manner: by referrals from professionals in the fields of public health and community economic development; from published compilations of programs that work or promising practices (such as Freudenberg 1997; Hayes, Lipoff, & Danegger 1995; Health Resources and Services Administration 1995 and 1996; Social Compact 1999; and U.S. Department of Housing and Urban Development 1998, 1999, and 2000a); and via Internet searches using terms such as health and economic development, or health and community economic development. (See Bibliography.) Once a program was identified, further details about its mission, how it operates, and what it has achieved were obtained (via phone, FAX, e-mail, and websites) to guide determination of its eligibility for inclusion and to provide input for the text herein. Selection of programs to include in the *Guide* also was based on broad definitions of community, of economic development, and of the health of individuals. (See "Linkages Between Community Economic Development and Health" above.)

Thus, the 44 programs in this *Guide* may not reflect the full range of initiatives that improve health, enhance economic status, or both. Nor does this *Guide* contain a complete catalogue of all the programs in the United States that pursue these objectives. In addition, the programs selected for the *Guide* were not analyzed or ranked with respect to their efficiency, effectiveness, or sustainability. However, the 44 programmatic initiatives all are illustrative of means to achieve the objectives noted, and all reflect some of the hallmarks of effective community health partnerships. Zukoski and Shortell (2001) identified six governance and management characteristics that distinguish the highly effective from the less effective partnerships within the Community Care Network (CCN) Demonstration Program, a project of the American Hospital Association and the Health Research and Educational Trust. Although their analysis was based on the CCN Demonstration Program, characteristics of the more effective partnerships can be identified among the 44 programs herein.

Three of these characteristics — *ability to manage size and diversity; ability to manage conflict;* and *recognition of stage in organizational life cycle* — relate to maintaining a strong partnership coalition. Many of the 44 programs in the *Guide* function because collaborations are maintained among partners, such as colleges and universities, hospitals, and other nonprofit

agencies. The Brownfields Showcase Communities in the *Guide* illustrate the range of partners that can be engaged in a collaborative effort to improve both the health and economic status of a community. In the Baltimore Brownfields Showcase Community, partners include (but are not limited to): the Baltimore Urban League, Morgan State University, Southeast Community Organization (SECO), the Baltimore Departments of Housing and Community Development, of Planning, and of Public Works, the Maryland Department of Business and Economic Development, and the U.S. Environmental Protection Agency (Brownfields Cleanup Revolving Loan Fund). Another program in the *Guide*, the Rural Health Outreach Program in Augusta, GA, includes the following diverse partners among its many supporting entities — Augusta State University, Central Savannah River Area Enterprise Community, Georgia Indigent Care Trust Fund, Jefferson County High School, Jefferson Hospital, and the University of South Carolina. Yet another program in the *Guide* (Community Choices 2010, in Clark County, WA) has as partners the City of Vancouver (WA), Clark County, Hewlett Packard (HP) Company, Holland/Burgerville Corporation, Kaiser Permanente (Northwest), and Southwest Washington Medical Center.

Creating vehicles through which the various partners can engage effectively and can work with community organizations and individuals to foster either (or both) community economic development or health can be problematic at times and almost certainly at some point will involve the necessity to manage conflict. Recognition of the organizational stage of the partnership often can facilitate and guide the group dynamics and activities to successfully overcome issues related to size and diversity that may result in conflict.

The remaining three characteristics of more effective partnerships — *leadership, focus,* and *patching* — relate more directly to the efficiency of operations. Three components of leadership that differentiate top performing partnerships are having: committed core leaders, a consistent "organizational driver," and institutionalized subsidiary leadership. For example, the core leaders could be directors of entities such as the health department or a local foundation, while the organizational driver could be a local hospital that financially subsidizes the salary of the program coordinator, and/or provides free office space. The effective partnership also would have institutionalized the means to delegate to the people and groups closest to a given problem (i.e., subsidiary leaders) the authority and resources to deal with the problem. The Maternal and Infant Health Outreach Worker Project (MIHOW), a program featured in the *Guide*, is structured to make effective use of subsidiary leadership. A partnership between community health centers and organizations (in Tennessee, Kentucky, Virginia, and Arkansas) and the Vanderbilt Center for Health Services (CHS), in Nashville, TN, each project site has a sponsoring local agency, which provides services tailored to the needs and desires of the pregnant women and parents with small children at home who are clients of the program. In addition to the sponsoring local agency, each site has a child care center and a voluntary community organization or community health center. The range of services provided by the community sponsors includes GED programs, pregnancy prevention programs, job training, tutoring, and parent support groups.

Having and maintaining focus allows a community health partnership to evolve

organically and not just chase grants to remain financially solvent. Patching refers to the ability of a partnership to reposition assets, competencies, and resources to address the changing needs of the community being served. One example program from the *Guide* that has effectively patched resources to provide an array of services is Project Vida (El Paso, TX). As the needs of its clients became clear, the network of private and public partnerships developed to serve the residents of this US-Mexico border community has grown to include a food cooperative, thrift shop, primary health care, and the building of 20 units of new affordable rental housing.

Structure of the Resource Guide. The *Resource Guide* presents program-specific information in three main sections: the Summary Table, the Program Pages, and the Resource References. Each is described briefly below.

The Summary Table provides a synthesis of the information about each featured program or initiative. It provides the name and location of each program/initiative, along with a brief description of it, and a list of the resources (i.e., Resource References) that support it. In addition, each program is classified by its primary objective — to improve health, to enhance economic status, or to both improve health and enhance economic status.

The Program Pages provide details about the 44 programs in the *Guide*. They include all the information from the Summary Table, as well as a discussion of the resources used, contact information, and sources for additional information about the program/initiative.

Most of the programs in the *Resource Guide* (28) both improve health and enhance the economic status of a community. These programs include wellness centers and clinics that revitalize the areas in which they are located, initiatives to redevelop brownfields and improve the health of the community at large, and training programs for health sector jobs; these different types of programs/initiatives reflect the great variety of ways to achieve these dual objectives. For example, many of the initiatives in the Brownfields Showcase Communities primarily seek to enhance the economic status of the impacted areas, although cleanup activities in all brownfields improve health for anyone who might be exposed to their contaminants. In another example, the Camden Community Health Worker Initiative/Rowan University trains residents to be community health workers in their neighborhoods, both enhancing the economic status of the workers and simultaneously improving their neighbors' health. In yet another example, the Maternal and Infant Health Outreach Worker Project (MIHOW) not only provides home visits to monitor the health of pregnant women and new mothers but also makes linkages for these mothers to job training and other services, as necessary. Two other types of programs that fulfill both objectives are one-stop centers (including health and job training) and medical malls. Examples of the former include Cleveland Works, Inc., Westside Health Authority, and Project Vida. Medical malls include the Anchor Health Properties and the Jackson Medical Mall.

The 14 programs that "improve health" generally provide health care services to underserved populations, often via clinics. Although many of the populations served live in economically disadvantaged areas (e.g., public housing developments, low-income rural areas),

unless a program has as an explicit goal also to enhance the local economy in which it operates, these health-service-providing programs are classified solely as improving health (e.g., Abbottsford and Schuylkill Falls Community Health Centers, RotaCare Free Clinics).

Only two programs/initiatives are classified as enhancing economic status alone. These programs are classified as such because enhancing economic status is their main objective. The New Beginnings program could be considered to both enhance economic status and improve health because it provides employment in health sector institutions, which presumably comes with health insurance and/or access to services at the places of employment. However, since improving the health of the trainees is not an explicit program objective, New Beginnings is classified as enhancing economic status alone. The investment by Pfizer, Inc., in its Williamsburg Plant and the surrounding neighborhood also could be considered to improve health simply because of Pfizer's line of business (pharmaceuticals). However, Pfizer's investments in Brooklyn, NY, are considered only to enhance economic status of the area, because that was their primary intention.

The Resource References are the guts of the *Guide* and provide information about the resources used to support the featured programs/initiatives. This information includes eligibility criteria and the amounts of funding made available. Web sites, phone numbers, and addresses to get further information are provided as well. All but four of the resources in the Resource Reference section are cited on one or more of the Program Pages. The resources not cited on any Program Pages are: the Kresge Foundation (under Philanthropic Institutions), the Title XVI Health Center Facility Loan Guarantee program (under Federal Government and U.S. Department of Health and Human Services), the Community Facilities Loan and Grant Programs (under Federal Government and U.S. Department of Agriculture), and the NCB Development Corporation (NCBDC). Although not resources for any of the programs/initiatives in this *Guide*, these programs are included as resources of potential value to users of this *Guide* because they provide funds that can be used to build facilities.

Two indexes — one alphabetical and the other sectoral (i.e., Private For Profit, Private Not For Profit, and Public) — facilitate finding information about the Resource References cited on the individual Program Pages. The alphabetical index refers users to the sectoral index which includes page numbers for Resource References.

The set of programs featured in this *Guide* reflects the many possible ways to address the need to foster both health and economic development in a community. Programs were selected to represent initiatives currently operating around the United States. Although specific federal programs may come and go (such as the JOBS Training and the Model Cities Programs) and the thrust of philanthropic institutions may change, the programs in this *Guide* were selected to present a range of options, techniques, and strategies that would be valid and applicable in almost any environment. We hope that the *Guide* will be helpful to the Making Connections communities and to all other communities as they pursue their renaissance and renewal.

SUMMARY TABLE

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Abbottsford and Schuylkill Falls Community Health Centers	Philadelphia, PA	The Abbottsford and Schuylkill Falls Community Health Centers are nurse-managed primary health care centers serving two public housing communities.	✓			Public Housing Primary Care Program, CIGNA Foundation, March of Dimes, Prudential Insurance Company, and Robert Wood Johnson (RWJ) Foundation
Agenda for Children Tomorrow (ACT)	New York, NY	ACT is a joint project of the City of New York and a coalition of nonprofit organizations working to make social services more accessible at the neighborhood level. The services that are offered include health care, housing, child welfare, job training, mental health services, youth services, and economic development.			✓	Aaron Diamond Foundation, Booth Ferris Foundation, Chemical Bank, Ford Foundation, Foundation for Child Development, Freddie Mac, Ittleson Family Foundation, Morgan Guaranty Trust, New York Community Trust, New York Foundation, New York State Department of Family Assistance, Pinkerton Foundation, and United Way of New York City
Anchor Health Properties/ Doylestown Hospital Health and Wellness Center	Warrington, PA	The Doylestown Center is one of several projects developed by Anchor Health Properties. It is a one-stop center that contains a medical unit as well as retail shops.			✓	Anchor Health Properties, LLC

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Anchor Health Properties/ Mercy Wellness Center	Upper Darby, PA	The first of the Wellness Centers opened in Pennsylvania, Mercy Wellness Center is located in an urban, major commuter train and bus station. The Mercy Wellness Center houses physician office space for Mercy Health System, as well as retail space, including a cafe and optical shop.			✓	Anchor Health Properties, LLC
Anchor Health Properties/ Wellness Place® in Trexlertown Mall	Trexlertown, PA	This Wellness Place® is located in a space that was a former department store. The building houses the Lehigh Valley Hospital ambulatory facility, with the remaining area occupied by retail and food stores.			✓	Anchor Health Properties, LLC, and Kimco Realty Corporation

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Baltimore	Baltimore, MD	Baltimore's Brownfields Initiative targets for cleanup and redevelopment properties in the Canton and Fairfield areas, as well as sites in East Baltimore and the southeast and southwest sections of the city.			✓	Baltimore Departments of Housing and Community Development, Planning, and Public Works; Baltimore Development Corporation, Baltimore Empowerment Zone, Baltimore Urban League, Brownfields Assessment Demonstration Pilot, Brownfields Cleanup Revolving Loan Fund Pilot, Jubilee Baltimore, Maryland Department of Business and Economic Development, Maryland Department of the Environment, Morgan State University, and Southeast Community Organization (SECO)

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Chicago	Chicago, IL	The Chicago Brownfields Initiative, established in 1993, links environmental cleanup with industrial real estate development to create jobs and generate tax revenue. Chicago's Brownfields Initiative has operated from a regional perspective, with public health protection as well as economic redevelopment serving as fundamental parts of the plan.			✓	Brownfields Assessment Demonstration Pilot, Chicago Association of Neighborhood Development Organizations, Chicago Empowerment Zone, and Metropolitan Planning Council
Brownfields Showcase Community: Dallas	Dallas, TX	The Brownfields National Partnership in Dallas targets the area of West Dallas. The city developed the Brownfields Forum with citizen advisory focus groups and brownfields site redevelopment meetings that ensure the public has access to information regarding brownfields redevelopment.			✓	Brownfields Assessment Demonstration Pilot, Brownfields Cleanup Revolving Loan Fund Pilot, Community Development Block Grant Program, Dallas Enterprise Community, Economic Development Administration, Federal Pilot City, National Register of Historic Places, Texas Department of Transportation, Texas Natural Resource Conservation Commission, Texas Parks and Wildlife Department, and U.S. Army Corps of Engineers

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Eastward Ho!	Eastward Ho!, FL	The Eastward Ho! corridor spans approximately 115 miles along the eastern portions of Palm Beach, Broward, and Miami-Dade counties, with a combined population of more than 2 million. The corridor, which was developed along two railroad tracks, contains more than 2,100 known contaminated sites.			✓	Brownfields Assessment Demonstration Pilot, Community Development Block Grant Program, Economic Development District and Redevelopment Area, Florida Enterprise Zone, Florida Sustainable Community, Miami-Dade Empowerment Zone, and Miami-Dade Enterprise Community
Brownfields Showcase Community: Kansas City	Kansas City, KS & MO	The Brownfields Showcase Community in the cities of Kansas City, KS and Kansas City, MO has redeveloped several brownfields within the Central Industrial District, downtown, the central business corridor, the central city neighborhoods of Kansas City, MO, the riverside areas of Kansas City, KS, and Wyandotte County.			✓	Brownfields Assessment Demonstration Pilot, Kansas City District of U.S. Army Corps of Engineers, and U.S. Department of Housing and Urban Development

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Lowell	Lowell, MA	Because the city of Lowell has a limited supply of vacant land available for development, the money received as a result of this designation is being used to return the city's brownfields properties to productive use, and to increase Lowell's industrial development and job creation.			✓	Lowell Development and Finance Corporation, and U.S. Environmental Protection Agency
Brownfields Showcase Community: Portland	Portland, OR	Recent brownfields efforts in Portland have stimulated an increase in mixed-use development in the city, while preventing urban sprawl. For example, redevelopment efforts along the waterfront have improved water quality, preserved open spaces, and generated new jobs and housing.			✓	Brownfields Assessment Demonstration Pilot, and Portland Enterprise Community
Brownfields Showcase Community: St. Paul	St. Paul, MN	St. Paul has identified 17 brownfields parcels, covering more than 1,000 acres. As an integral part of brownfields' redevelopment, St. Paul has encouraged job creation and opportunities for local residents, by requiring businesses to hire them for 60% of their new positions.			✓	Brownfields Assessment Demonstration Pilot, Economic Development Administration, Metropolitan Council, Minnesota Departments of Commerce, Trade and Economic Development, and Transportation, and St. Paul Enterprise Community

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Salt Lake City	Salt Lake City, UT	Salt Lake City targeted the 650-acre Gateway district, which is plagued by environmental contamination, severe crime, homelessness, and poor accessibility, for brownfields revitalization. Through the Gateway Revitalization Initiative, Salt Lake City is working to develop the blighted industrial district into a livable, mixed-use neighborhood.			✓	Brownfields Assessment Demonstration Pilot
Brownfields Showcase Community: Seattle/King County	Seattle, WA	The strategy of the City of Seattle/King County for brownfields' redevelopment is to implement a range of solutions that address the institutional barriers to cleanup and redevelopment and, thus, stimulate private investment by increasing the redevelopment potential of contaminated, vacant or under utilized industrial land.			✓	City of Seattle, King County, Seattle Enterprise Community, Seattle Jobs Initiative U.S. Environmental Protection Agency, and Washington State Community Empowerment Zone

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Brownfields Showcase Community: Stamford	Stamford, CT	The city of Stamford has targeted three of its harbor's largest brownfields sites for redevelopment, and cleanup is underway. In addition, the city has completed the cleanup of another 12-acre site. One project involves construction of a $250 million facility to employ 2,300 traders and other financial service professionals.			✓	HOPE VI Program and U.S. Environmental Protection Agency
Brownfields Showcase Community: Trenton	Trenton, NJ	Since 1994, Trenton has targeted for redevelopment more than thirty brownfields sites, covering nearly 100 acres. Private and public investment in the industrial redevelopment of these brownfields exceeds $16 million and has preserved or brought into Trenton more than 1,000 jobs.			✓	Economic Development Administration, Isles, Inc., National Park Service, Northeast Hazardous Substance Research Center, Thomas Edison State College, United Church of Christ Commission for Racial Justice, U.S. Department of Housing and Urban Development, and U.S. Environmental Protection Agency

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Camden Community Health Worker Initiative/Rowan University	Camden, NJ	Four health providers in Camden recruit, train, and hire community health workers through a pilot program being operated by Rowan University. During the 2-year program, 24 local residents have been recruited for entry-level positions with various primary-care providers. The health workers will perform duties related to outreach, preventive health, chronic disease management, linkage to social services, and/or advocacy.			✓	Camden Board of Education, Camden Development Collaborative, Camden Empowerment Zone, Community Outreach Partnership Centers Program, Cooper Hospital, Our Lady of Lourdes Medical Center, and West Jersey-Virtua Health System
Center for Health Professions	Saginaw, MI	The Center for Health Professions is a non-profit community development and educational organization that works to revitalize the Cathedral District neighborhood as part of the Cathedral District Project 2000. This project focuses on four main areas: health access, property improvement, family issues, and safety.			✓	Neighborhood Renewal Services of Saginaw, Inc., Saint Mary's Hospital, and W.K. Kellogg Foundation

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Cleveland Works, Inc.	Cleveland, OH	Cleveland Works, Inc., is a nonprofit organization that delivers job training and placement, and comprehensive family services to people seeking permanent employment. It provides educational opportunities, legal services, family education, an on-site health clinic, and on-site child care.			✓	Cuyahoga County Food Stamp Program, Head Start Program, Job Training Partnership Act, and JOBS Program

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Community Choices 2010 (CC 2010)	Clark County, WA	Three major health institutions — the local health department, the Southwest Washington Medical Center, and The Kaiser Permanente managed care organization — established Community Choices 2010, to identify areas in which government, business, and neighborhood groups could make a difference in the community's health. This original partnership evolved into a 24-member Steering Council, and six work groups with subcommittees. Currently, more than 450 volunteers participate in workgroups that focus on the following issues or problems-- health and safety, tobacco use reduction, violence prevention, and readiness to learn in children. The workgroups gather and analyze data, and then promote a collaborative solution.	✓			City of Vancouver, Clark County, Hewlett Packard (HP) Company, Holland/Burgerville Corporation, Kaiser Permanente (Northwest), and Southwest Washington Medical Center

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Comprehensive Community Revitalization Program (CCRP)	New York, NY	The Comprehensive Community Revitalization Program (CCRP) was launched by the Surdna Foundation. The program was established to provide five large-scale community development corporations (CDCs) with support to "build upon their successes as housing producers and real estate managers and begin to address pressing economic and social concerns of the residents of their neighborhood." The CDC initiatives that CCRP supports include new primary health care practices, economic development projects, child care and family learning programs, quality-of-life physical planning, self-esteem training, school enrichment and intervention, community safety, and jobs and employment initiatives, as well as management information-system development and neighborhood alliance-building.			✓	Annie E. Casey Foundation, Bank of America, Bankers Trust Company Foundation, Booth Ferris Foundation, Chase Manhattan Bank, Citibank N.A., Clark Foundation, Edna McConnell Clark Foundation, Hearst Foundation, James C. Penney Foundation, Merck Family Fund, Metropolitan Life Foundation, New York Community Trust, Pew Charitable Trusts, Rockefeller Foundation, Scherman Foundation, and Surdna Foundation

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
East End Partnership With Families (EEPWF)	Richmond, VA	The EEPWF was established in 1999 to coordinate the delivery of services by agencies working to improve the lives of families and children in the historic East End of Richmond, VA. Partner agencies are: Challenge Discovery Projects, East District Families First/Healthy Families Richmond, East District Family Resource Center (FRC). East District FRC Board, East District Initiative (EDI), East District T.E.E.N. Center, East Team Board, Grace E. Harris Leadership Institute, Memorial Child Guidance Clinic (MCGC), Parent Resource Network, and Vernon J. Harris East End Community Health Center (CHC).			✓	Annabella R. Jenkins Foundation, Annie E. Casey Foundation, City of Richmond, Community Development Block Grant (CDBG) Program, Community Health Center (CHC) Program, Grace E. Harris Leadership Institute, Healthy Start Initiative, Jackson Foundation, Ryan White Title II Program, Substance Abuse Prevention and Treatment (SAPT) Block Grant, Temporary Assistance for Needy Families (TANF) Program, The Community Foundation, Trigon Blue Cross Blue Shield, United Way Services of Greater Richmond, and Virginia Primary Care Association

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Gilmor Homes (Jobs-Plus in Baltimore)	Baltimore, MD	The Jobs-Plus program at Gilmor Homes expanded its activities to include health services for its residents. A community-wide health promotion campaign was initiated in conjunction with the Vision for Health Consortium (VFH) to provide residents with family or individual health assessments and referrals to providers if necessary).			✓	Annie E. Casey Foundation, James Irvine Foundation, Jobs-Plus, Joyce Foundation, Northwest Area Foundation, Surdna Foundation, U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, U.S. Department of Labor, and Vision for Health Consortium (VFH)
Greenwood Community Health Resource Center, Inc. (GCHRC)	Clearwater, FL	GCHRC is one of the pilot projects funded under the Florida Community Health Protection Act of 1999 to ensure the availability of public health and health care services to residents of low-income communities that may be adversely affected by the contaminated sites therein or nearby. The clinic provides free, quality health care and community support services to underserved residents of both the North Greenwood community and Pinellas County, in which Clearwater is located.	✓			Florida Department of Health, Florida state general revenues, and Pinellas County Department of Social Services

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Helen B. Atkinson Center	New York, NY	The Helen B. Atkinson Center is a primary care facility that provides comprehensive primary care and case management services to Harlem residents. The Helen B. Atkinson Center is owned by the Community Healthcare Network (CHN), a nonprofit organization that provides health care to medically underserved communities. The Atkinson Center is one of 15 health care facilities that have opened as a result of funding from the Primary Care Development Corporation (PCDC). PCDC develops public-private partnerships to expand primary care services for medically underserved communities by offering access to low-cost capital and technical assistance to not-for-profit health care providers in New York.	✓			Community Health Center (CHC) Program, J.P. Morgan Community Development Group, Primary Care Development Corporation, State of New York Mortgage Agency, and Upper Manhattan Empowerment Zone
Hillside Terrace	Milwaukee, WI	A HOPE VI grant was used to renovate the Hillside Terrace public housing development. As part of the renovation, a Family Resource Center was constructed, including a health clinic that provides primary care as well as physical exams required by employers.	✓			HOPE VI Program

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Ho'ola Like Outreach Project (Healers Together)	Honolulu, HI	The Ho'ola Like Outreach Project provides health care to uninsured and underinsured clients on the isolated, impoverished Windward North Shore of Oahu. Hawaii Pacific University nurse practitioner faculty and students deliver medical services to these communities from three portable clinics.	✓			Hawaii Pacific University, Health Care for the Homeless (HCH) Program, and Queen Lili'uokalani Children's Center
Jackson Medical Mall	Jackson, MS	Jackson Medical Mall is a shopping mall that was converted into a medical facility to both meet the health care needs of a low-income community and provide jobs for some of its members.			✓	Bank One (Baton Rouge, LA), Community Health Center (CHC) Program, Community Reinvestment Act, Health Care for the Homeless (HCH) Program, Jackson Enterprise Community, Mississippi State Department of Health , and Robert Wood Johnson (RWJ) Foundation

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Maternal and Infant Health Outreach Worker Project (MIHOW)	Nashville, TN	The Maternal and Infant Health Outreach Worker Project is a partnership between community health centers and organizations in Tennessee, Kentucky, Virginia, and Arkansas, and the Vanderbilt Center for Health Services (CHS). Each site has a sponsoring local agency, a child care center, and a voluntary community organization or community health center. Trained community mothers visit pregnant women and parents of small children at home to provide health and child development education and support for healthy lifestyles and positive parenting practices. They also provide for their clients advocacy with health and social service systems. Most community sponsors also provide a range of services, including GED programs, child care, pregnancy prevention programs, job training, tutoring, and parent groups.			✓	Bernard van Leer Foundation, Ford Foundation, Robert Wood Johnson (RWJ) Foundation, St. Joseph's Health System (California), Tennessee Committee on National and Community Service, and Vanderbilt University's Center for Health Services (CHS)
Mobile Nursing Clinic (The Nightingale)	Douglas, GA	The Mobile Clinic provides health care services in remote, rural areas where residents have limited access to transportation and health services.	✓			Board of Regents of the University System of Georgia

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Model Cities Health Corporation/Swope Parkway Health Center	Kansas City, MO	Model Cities Health Corporation (which incorporates the Applied Urban Research Institute, Community Builders of Kansas City, FirstGuard Health Plan, and Swope Parkway Health Center) is an umbrella organization whose mission is to improve the health and well-being of the underserved citizens of Kansas City by providing accessible and affordable primary health and mental health services.			✓	Community Health Center (CHC) Program, Health Care for the Homeless (HCH) Program, Heart of America United Way (HAUW), Jackson County (MO), Kansas City (MO), Medicaid, Model Cities, and U.S. Department of Health and Human Services
Neighbor-to-Neighbor Program	St. Louis, MO	The Neighbor-to-Neighbor Program is a collaboration among St. Louis University, the Department of Health and Hospitals, and other health service agencies to improve health outcomes in the Blumeyer Village public housing community.	✓			Urban Community Service Program

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
New Beginnings Program	Detroit, MI	The New Beginnings program trains qualified residents of three public housing developments to be entry-level health care employees. The program provides the Detroit Medical Center and its health care partners — Henry Ford Health System and St. John Health System — a continuous supply of qualified, entry-level health care employees.		✓		Community Foundation for Southeast Michigan, Detroit Empowerment Zone, Job Training Partnership Act, and Wayne County Community College District
Northwest Alabama Community Health and Dental Clinic/ Northwest Alabama Community Health Association	Florence, AL	The University of North Alabama's College of Nursing teamed up with the Florence Housing Authority to develop a community health clinic to serve the underserved and uninsured residents of Florence, Alabama. The clinic is located in a converted unit of the public housing complex and is furnished with basic supplies and equipment donated by vendors, hospitals, and community organizations.	✓			City of Florence, Community Development Block Grant Program, Florence Housing Authority, and University of North Alabama (Florence)
Pfizer, Inc.	Brooklyn, NY	Pfizer, Inc., invested in the community where one of its oldest plants was located by providing money to develop low-income housing and to start an innovative elementary school for the residents in that community.		✓		New York City Housing Partnership, and Pfizer, Inc.

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Project Vida (Community Health & Services Program)	El Paso, TX	Project Vida is a community-based organization consisting of a network of private and public partnerships developed by residents in a Hispanic border community. The Project provides "one-stop shopping" for primary health care, education, and housing improvement. Project Vida also has been instrumental in discouraging gang activity in El Paso. Its services are provided along with a host of stores and businesses ranging from a food co-op to a thrift shop to a Christmas shop. Project Vida also has been instrumental in building 20 units of new affordable rental housing in the community.			✓	Community Development Block Grant Program, El Paso Community Foundation, Federal Home Loan Bank Fund, Maternal and Child Health Bureau, Presbyterian Church (USA), Texas Commission on Volunteerism and Community Service, Texas Department of Health, and Thomason General Hospital
RotaCare Free Clinics	Morgan Hill, CA	The RotaCare Free Clinics, created by members of Rotary Clubs throughout the nation, provide free urgent health care and referrals for food, housing, and clothing to people with limited access.	✓			Robert Wood Johnson (RWJ) Foundation (Reach Out Project), and Morgan Hill Rotary Club

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Rural Health Outreach Program	Augusta, GA	The Rural Health Outreach program brings nurse-managed, family-centered health care to disadvantaged areas in Jefferson County, GA. The family health outreach center established by the program provides health screenings, education, counseling, and referrals.	✓			Augusta State University, Central Savannah River Area Enterprise Community, Emory University, Georgia Chapter of the March of Dimes, Georgia Department of Community Health, Georgia Indigent Care Trust Fund, Georgia Southern University, Jefferson County High School, Jefferson Hospital, and University of South Carolina
South Madison Health and Family Center	Madison, WI	The South Madison Health and Family Center is a "one-stop" center that houses Planned Parenthood, Head Start, the public library, Family Enhancement, the Dane County Health Department, and a city-supported community health clinic. The Center offers low-income, community residents of South Madison access to these services and programs.	✓			University of Wisconsin-Madison

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Walk-In Health Screening Clinic/University of Toledo	Toledo, OH	The Community Outreach Partnerships Center (COPC) at the University of Toledo established a walk-in health-screening clinic at the city's Monroe Street United Methodist Church to treat the health conditions among low-income residents of Toledo and surrounding Lucas County. The clinic serves as a teaching site for the University's community health course and is staffed by medical professionals and nursing and respiratory therapy students.	✓			City of Toledo, Community Outreach Partnership Centers Program, Lucas Metropolitan Housing Authority, and University of Toledo
Wellness Clinics for the Elderly	Milwaukee, WI	The Wellness Clinics were created by registered nursing students from Alverno College to serve residents of Milwaukee's low-income housing developments for the elderly.	✓			Alverno College
Westside Health Authority (WHA)	Chicago, IL	Westside Health Authority is a coalition of community-based groups that converted a vacated hospital into a multiplex including a bank, a community health center, a drug store, a day care center, a substance-abuse treatment program, a job-training program, and a Cook County Hospital clinic.			✓	Chicago Community Trust, Chicago Empowerment Zone; and the Henry J. Kaiser Family Foundation and Robert Wood Johnson (RWJ) Foundation (Opening Doors Program)

Programs that Improve the Health of Low-Income Residents, or Enhance Economic Status of Low-Income Residents and Their Neighborhoods, or Both

Name	Location	Description	Type of Program			Resource References
			Improve Health	Enhance Economic Status	Improve Health & Enhance Economic Status	
Worcester Medical Center	Worcester, MA	The Worcester Medical Center, constructed to help revitalize downtown Worcester, is a "one-stop shop" with an acute care hospital, outpatient facilities, medical offices, and retail space. It serves the residents of the city of Worcester and thirty surrounding central Massachusetts towns.			✓	City of Worcester Redevelopment Authority, Fallon Foundation, and Saint Vincent Hospital

NAME: Abbottsford and Schuylkill Falls Community Health Centers

PROGRAM TYPE: Improve Health

LOCATION: Philadelphia, PA

DESCRIPTION: The Abbottsford and Schuylkill Falls community health centers are nurse-managed primary health care centers serving two public housing communities. They provide: primary care; prenatal care; community nurse home visits; health education, particularly about diabetes and asthma; smoking cessation; parenting support and education; violence prevention; support for grandparents raising grandchildren; mental health services; and drug and alcohol treatment. Alanon, Overeaters Anonymous, and Alcoholics Anonymous programs are located on-site. Transportation is provided to the health centers when needed.

The centers' programs were designed by nurses who have fostered partnerships with the community. Tenant Council members from the public housing communities hold a majority of the seats on the health center management board. A Community Health Education Committee, composed of the health centers' users and the centers' nurse educators, evaluates and advises the director on programming, and determines whether programs are appropriate to the needs of the community.

RESOURCES USED: The budget for the two centers is slightly more than a million dollars a year. The funding sources include the Public Housing Primary Care (PHPC) Program (Section 340A) administered by the Bureau of Primary Health Care (Health Resources and Services Administration, U.S. Department of Health and Human Services), Independence Foundation, March of Dimes, CIGNA Foundation, Prudential Insurance Company, Robert Wood Johnson Foundation, and collected fees including Medicare, Medicaid, and HMO capitation.

RESOURCE REFERENCES:

Bureau of Primary Health Care (BPHC)
Public Housing Primary Care (PHPC) Program
CIGNA Foundation
March of Dimes
Prudential Insurance Company
Robert Wood Johnson (RWJ) Foundation

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SOURCES:

Models That Work - 1996 Special Competition Winners from Health Resources and Services Administration's Website (http://bphc.hrsa.gov/mtw).

A Strategy Transfer Guide for Abbottsford and Schuylkill Falls Community Health Centers is made possible through the "Models That Work" Campaign, sponsored by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care.

NAME: Agenda for Children Tomorrow (ACT)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: New York, NY

DESCRIPTION: Agenda for Children Tomorrow (ACT) is a public/private initiative that has the goal of promoting an integrated, locally based system of health and human services for children and families. ACT is a joint project of the City of New York and a coalition of non-profit organizations working to make social services more accessible at the neighborhood level, in part through co-location. The services include health care, housing, child welfare, job training, mental health services, youth services, and economic development.

In 1995, ACT included ten community districts. Each community develops a local collaborative that includes service providers, coalition leaders, city officials, residents, and others. A needs assessment is done for each site, documenting strengths and problems. Members of the collaborative then develop a plan for the community, highlighting ten achievable goals. ACT helps each district achieve its goals. A planner is chosen jointly by ACT and the community to help the collaborative carry out its work.

RESOURCES USED: In 1990, the ACT Implementation Project was authorized by the city of New York. The city has provided in-kind support, as has the state Department of Family Assistance and the law firm of Sullivan and Cromwell. Initial and continuing funding has been provided by New York Community Trust, the United Way of New York City, the Foundation for Child Development, and Morgan Guaranty Trust Company of New York City. The ACT Implementation Project also has been designated a project of the Tides Foundation. Funding for the local planner is provided by ACT. Eventually, the local entity is expected to take over the cost for the planner.

Funding also is provided by Chemical Bank (now a part of Chase Manhattan Bank); Freddie Mac; the Foundation for Child Development; and by numerous other foundations, including (but not limited to) the Aaron Diamond, the Booth Ferris, the Ford, the Ittleson Family, the New York, and the Pinkerton Foundations.

RESOURCE REFERENCES:

Aaron Diamond Foundation
Booth Ferris Foundation
Chemical Bank
Ford Foundation
Foundation for Child Development
Freddie Mac
Ittleson Family Foundation
Morgan Guaranty Trust
New York Community Trust
New York Foundation
New York State Department of Family Assistance
Pinkerton Foundation
United Way of America
United Way of New York City

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SOURCES:

Hayes, Cheryl D., Elise Lipoff, and Anna E. Danegger. 1995. *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies* (Washington, DC: Finance Project). Web page http://www.financeproject.org/compendium.html (Accessed April 1999).

NAME: Anchor Health Properties/Doylestown Hospital Health and Wellness Center

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Warrington, PA

DESCRIPTION: The Doylestown Hospital Health and Wellness Center is one of the projects developed by Anchor Health Properties, LLC. This retail/medical mall site on a busy suburban roadway was selected because of its central location.

On the ground floor of the building is the Doylestown Hospital reception area, a cafe, a homecare retail establishment, and an outpatient surgery center, with related offices. The entrance level of a medically-based fitness center — including a retail-sport shop, children's fitness center, and day spa — also is on the ground floor. The balance of the fitness center is located on the lower level, along with physicians' offices and a large community education auditorium.

The second level of the project includes diagnostic imaging, cardiac diagnostics, a lab, and a specialized women's diagnostic center, as well as primary care and specialists' offices. A central focus of the second level is a state-of-the-art health resource center with written materials and computer terminals available in a "library" setting. The facility also includes a "healing garden" for patients and others, which is the focal point of the entire project's landscaping.

RESOURCES USED: Anchor Health Properties, LLC

RESOURCE REFERENCES: Anchor Health Properties, LLC

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www.anchorhealthproperties.com

SOURCES: Unpublished materials from the Anchor Health Properties, LLC, received August 2000.

NAME: Anchor Health Properties/Mercy Wellness Center

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Upper Darby, PA

DESCRIPTION: Opened in 1998, the Mercy Wellness Center is located across the street from Philadelphia's major commuter station, where sixteen bus routes and four rail lines converge. Anchor Health Properties acquired the building and renovated it for this project.

The Mercy Wellness Center houses physician office space for the Mercy Health System. A major tenant is a multi-disciplinary women's center featuring obstetrics and gynecology, along with a resource center containing materials about women's health. The Mercy Center also includes meeting rooms for a number of its programs, such as screening sessions, health education, and support groups. A cafe and optical shop in the building complement the project's healthcare services. A number of tenant spaces in the building also have been leased to "non-Mercy" community and human service organizations.

RESOURCES USED: Anchor Health Properties, LLC

RESOURCE REFERENCES: Anchor Health Properties, LLC

CONTACT:

Mercy Wellness Center
Mercy Health System
6800 Market Street
Upper Darby, PA 19802

Louis S. Sachs, President
Anchor Health Properties, LLC
2000 Pennsylvania Avenue
Wilmington, DE 19806
302-655-1010
www.anchorhealthproperties.com

SOURCES: Unpublished materials from the Anchor Health Properties, LLC, received August 2000.

NAME: Anchor Health Properties/Wellness Place® in Trexlertown Mall

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Trexlertown, PA

DESCRIPTION: The advantages of a convenient location and one-stop shopping for a multitude of services is perhaps best exemplified by the Wellness Place® in Trexlertown Mall, just outside of Allentown, PA. The Center, which occupies space that was formerly the Laneco Department Store, was redeveloped by Anchor Health Properties. The site houses the Lehigh Valley Hospital ambulatory care facility, with the remaining space occupied by retail and food outlets, and a common waiting area. The Lehigh Valley Hospital facility includes a large primary care practice, a comprehensive women's health center, and speciality suites. The Wellness Place® also includes classrooms for health education and exercise as well as a health resource library with a wide range of materials on health and wellness, and computer stations with direct Internet connections for health-related topics. Retailers include a Bon Ton Department Store and a Giant Supermarket, as well as an optical shop, health food and nutrition store, hair salon, homecare retailer, and a cafe.

RESOURCES USED: This Wellness Place is a joint venture between Anchor Health Properties, LLC and Kimco Realty Corporation

RESOURCE REFERENCES: Anchor Health Properties, LLC
Kimco Realty Corporation

CONTACT:

Health Center at Trexlertown
Lehigh Valley Hospital
Route 222 & Macungie Rd.
Trexlertown, PA 18087

Louis S. Sachs, President
Anchor Health Properties, LLC
2000 Pennsylvania Avenue
Wilmington, DE 19806
302-655-1010
www.anchorhealthproperties.com

SOURCES: Unpublished materials from the Anchor Health Properties, LLC, received August 2000.

BROWNFIELDS NATIONAL PARTNERSHIP AND SHOWCASE COMMUNITIES

A brownfield is an abandoned, idled or underused industrial or commercial property whose expansion or redevelopment is complicated by real or perceived contamination (NACCHO 2000). To improve communities by building partnerships between public and private organizations, and linking environmental protection with economic development and community revitalization, the Brownfields Economic Redevelopment Initiative (BERI) was launched in early 1995 (NACCHO 2000). Specific BERI strategies include funding pilot programs and other research efforts, clarifying liability issues, conducting outreach activities, developing job training programs, and addressing environmental justice concerns. (*See Resource Reference for detailed description of the Brownfields Economic Redevelopment Initiative.*)

In 1996, the Brownfields National Partnership was established as part of the BERI. The Partnership coordinates the efforts and resources of federal agencies to address the unique issues related to health, unemployment, substandard housing, crime, and poorly skilled workforces, which are found among residents living near brownfields. It provides a forum for federal agencies to exchange information on brownfields-related activities and to develop a coordinated national agenda for addressing brownfields. In May 1997, more than 15 federal partners, along with other organizations, developed the Brownfields National Partnership Action Agenda (NACCHO 2000). This strategy more effectively links environmental protection with economic development and community revitalization programs by generating specific commitments to brownfields efforts. The Partnership is dynamic and growing, showing results going far beyond the original Action Agenda commitments. An April 1999 report found that through the partnership, agencies had provided more than $400 million in assistance to brownfields. In November 1999, when the Partnership released a report about its accomplishments, it revealed completion of or progress toward more than 90 percent of its commitments.

In addition to developing the Brownfields National Partnership Action Agenda, the Brownfields National Partnership called for the selection of Showcase Communities to demonstrate that through cooperation, federal, state, local, and private efforts can be concentrated around brownfields to produce environmental cleanup, stimulate economic development, and revitalize communities. A first round of 16 Showcase Communities was selected in 1998. The Brownfields Showcase Communities approach provides sustainable local solutions to local problems. The selected communities serve as models for broad-based cooperative efforts to support locally based initiatives that can be replicated throughout the nation. Each Showcase Community receives a variety of benefits. First, they get national visibility for their brownfields efforts. Second, they receive technical and financial support from the federal partners. Third, each Showcase Community is loaned a federal employee for up to two years to help coordinate the Community's brownfields projects.

On the pages that follow, you will find descriptions of Showcase Communities that have both fostered economic development and improved health outcomes for residents near the reused brownfield sites.

NAME: Brownfields Showcase Community: Baltimore

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Baltimore, MD

DESCRIPTION: Baltimore's Brownfields Initiative targets properties in the Canton and Fairfield areas, as well as sites in East Baltimore and the southeast and southwest sections of the city, for cleanup and redevelopment. Canton and Fairfield fall within Baltimore's Empowerment Zone. The failure of corporate owners to develop these brownfields has affected these low-income, minority communities via the loss of job opportunities and of population, and harmful environmental conditions which result in poor health.

Since the beginning of the Baltimore Initiative, more than thirty sites have been assessed. Four sites currently participate in Maryland's voluntary cleanup program (VCP). **Highlights of the redevelopment program include**: (1) Developing a comprehensive geographic information system inventory of the vacant and underutilized commercial and industrial sites in the areas; (2) Establishing the $3 million Empower Baltimore Brownfields Loan and Grant Program for the revitalization of brownfields in the city's Empowerment Zone; and (3) Cleaning up and redeveloping the 33-acre former ASARCO site in Canton into an industrial center, which attracted $11.5 million in private investment, and has resulted in the creation of 180 new permanent jobs.

RESOURCES USED: Baltimore has formed partnerships with federal, state, and local entities to address the brownfields issues. Partnerships include:
(1) U.S. EPA, which awarded Baltimore a Brownfields Assessment Demonstration Pilot and a Brownfields Cleanup Revolving Loan Fund Pilot; (2) HUD, which designated a federal Empowerment Zone in Canton and Fairfield; (3) state agencies, including the Maryland Department of the Environment (MDE) and Maryland Department of Business and Economic Development (DBED); (4) local entities, including the Baltimore Development Corporation (BDC), the Baltimore Department of Public Works, the Baltimore Department of Housing and Community Development, and the Empower Baltimore Management Corporation. The Department of Planning oversees Baltimore's Brownfields Initiative; and (5) community groups such as the Southeast Community Organization, the Baltimore Urban League, and Jubilee Baltimore, as well as academic institutions such as Morgan State University.

RESOURCE REFERENCES:

Baltimore Department of Housing and Community Development
Baltimore Department of Planning
Baltimore Department of Public Works
Baltimore Development Corporation (BDC)
Baltimore Urban League
Jubilee Baltimore
Maryland Department of Business and Economic Development
Maryland Department of the Environment
Morgan State University
Southeast Community Organization (SECO)
U.S. Department of Housing and Urban Development
    Baltimore Empowerment Zone (EZ)(MD) (managed by the Empower Baltimore Management Corporation)
U.S. Environmental Protection Agency (EPA)
    Brownfields Assessment Demonstration Pilot
    Brownfields Cleanup Revolving Loan Fund Pilot

CONTACT:

Sheila Bloom
Baltimore Development Corporation
410-837-9310

Regional Brownfields Team
U.S. EPA - Region 3
215-814-3129

SOURCES:

U.S. Environmental Protection Agency. 1998a. *Brownfields Showcase Community: Baltimore, MD* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Chicago

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Chicago, IL

DESCRIPTION: The Chicago Brownfields Initiative, established in 1993, links environmental cleanup with industrial real estate development in order to create jobs and generate tax revenue. Chicago's Brownfields Initiative has operated from a regional perspective, with public health protection as well as economic redevelopment serving as fundamental parts of the plan.

Highlights of the brownfields redevelopment program include: (1) Removing the "Kildare Mountain" 600,000 cubic yards of illegally dumped solid waste from an 18-acre site that is now being cleaned up for redevelopment; (2) Using a $2 million general obligation bond to redevelop five sites and leverage a $54 million loan guarantee from the U.S. Department of Housing and Urban Development, along with $1.6 million from other sources for additional brownfields programs; (3) Identifying 22 "Model Industrial Corridors" that have been or will be designated tax increment financing districts to encourage further private investment; and (4) Redeveloping numerous brownfields sites that has led to job creation and retention. Some examples include the Verson Steel, Scott Peterson, Blackstone Manufacturing, Chicago Turnrite, and Chicago Dryer sites which collectively have created more than 400 jobs and retained 1250 jobs.

RESOURCES USED: Chicago has been designated a U.S. Environmental Protection Agency Brownfields Assessment Demonstration Pilot; a U.S. Department of Housing and Urban Development Empowerment Zone; and State of Illinois Enterprise Community. Partnerships have been formed with the Metropolitan Planning Council and Northern Illinois Planning Commission. The Chicago Initiative also has established partnerships with community, civic, and business organizations, developers, lenders, educational institutions, employment training organizations, and neighborhood associations. The Chicago Association of Neighborhood Development Organizations (CANDO) has developed a program that covers real estate marketing, environmental investigation and cleanup, and financing and development opportunities. CANDO also has established a Brownfields Institute to educate community development organizations about brownfields issues and opportunities.

RESOURCE REFERENCES:

Chicago Association of Neighborhood Development Organizations (CANDO)
Metropolitan Planning Council (Chicago)
U.S. Department of Housing and Urban Development
Chicago Empowerment Zone (EZ)(IL)
U.S. Environmental Protection Agency (EPA)
Brownfields Assessment Demonstration Pilot

CONTACT:

Dave Reynolds
Department of Environment
City of Chicago
312-744-9139

Regional Brownfields Team
U.S. EPA - Region 5
312-886-5284

SOURCES:

U.S. Environmental Protection Agency. 1998b. *Brownfields Showcase Community: Chicago, IL* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Dallas

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Dallas, TX

DESCRIPTION: The Brownfields National Partnership in Dallas targets the area of West Dallas. The city is also targeting the 280-square-mile Southern Sector. Both targeted areas fall within Dallas' federal Enterprise Community (EC). Dallas combines private, state, and federal resources to maximize the benefits of brownfields cleanup and redevelopment. The city developed the Brownfields Forum with citizen advisory focus groups and brownfields site redevelopment meetings that ensure the public has access to information regarding brownfields redevelopment. Additional partnerships with neighborhood associations, academic institutions, and non-profit associations encourage stakeholder involvement in Dallas' brownfields redevelopment.

Since the inception of Dallas' brownfields program in 1996, the city has cleaned up and redeveloped 1,244 acres of brownfields, leveraged more than $109 million in private investments, and assisted in the creation of more than 1,700 jobs. **Highlights of Dallas' brownfields redevelopment program include**: (1) Building a $34 million multi-family residence/restaurant development on a property that was contaminated and abandoned for more than 9 years; (2) Opening the Larry Johnson Recreation Center on a 2.6 acre property after the city cleaned up the site; (3) Developing an Occupational Training Institute that will assist community residents in developing job skills and obtaining employment; and (4) Securing more than $1.6 million in Economic Development Administration (EDA) and Community Development Block Grant (CDBG) funding toward the 90-acre McComma's Bluffeco-business park and research center project.

RESOURCES USED: Dallas has leveraged $1.9 million in federal funds through its designation as a U.S. Environmental Protection Agency Brownfields Assessment Demonstration Pilot and a Brownfields Cleanup Revolving Loan Fund Pilot; a U.S. Department of Housing and Urban Development Enterprise Community; a U.S. Department of Commerce — EDA area of high economic distress; and a General Services Administration Federal Pilot City. Dallas has also partnered with the U.S. Army Corps of Engineers, the National Register of Historic Places, the Texas Departments of Transportation and Parks and Wildlife, and Texas Natural Resource Conservation Commission for brownfields assessment, cleanup, and redevelopment.

RESOURCE REFERENCES:

Texas Department of Transportation
Texas Natural Resource Conservation Commission
Texas Parks and Wildlife Department
U.S. Army Corps of Engineers
U.S. Department of Commerce
    Economic Development Administration (EDA)
U.S. Department of Housing and Urban Development
    Community Development Block Grant (CDBG) Program
    Dallas Enterprise Community (EC)(TX)
U.S. Department of Interior
    National Park Service (NPS)
        National Register of Historic Places
U.S. Environmental Protection Agency (EPA)
    Brownfields Assessment Demonstration Pilot
    Brownfields Cleanup Revolving Loan Fund Pilot
U.S. General Services Administration (GSA)
    Federal Pilot City

CONTACT:

Economic Development Department
City of Dallas
214-670-1686

Regional Brownfields Team
U.S. EPA - Region 6
214-665-6736

SOURCES:

U.S. Environmental Protection Agency. 1998c. *Brownfields Showcase Community: Dallas, TX* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: *Eastward Ho!*

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Eastward Ho!, FL

DESCRIPTION: The Eastward Ho! corridor spans approximately 115 miles along the eastern portions of Palm Beach, Broward, and Miami-Dade counties, with a combined population of more than 2 million. The corridor, which was developed along two railroad tracks, contains more than 2,100 known contaminated sites.

Since 1993, more than $300 million in brownfields redevelopment, loan guarantees, infrastructure improvement, and economic revitalization has been invested in the Eastward Ho! corridor. **Highlights of brownfields redevelopment in the region include**:(1) Receiving a commitment to create economically viable businesses in the Wynwood neighborhood in Miami, which will result in 70-80 new jobs; and (2) Investing more than $10 million for the cleanup and redevelopment of the 30-acre Poinciana Industrial Center.

RESOURCES USED: The Eastward Ho! corridor contains a U.S. Environmental Protection Agency Brownfields Assessment Demonstration Pilot for the City of Miami and Dade County; a U.S. Department of Housing and Urban Development Empowerment Zone, Enterprise Community and numerous Community Development Block Grant (CDBG) target areas; a U.S. Department of Commerce Economic Development District for southeast Florida and a Redevelopment Area for Palm Beach County; a Regional Partnership Pilot grant; several state brownfields pilot projects; three state-designated Enterprise Zones; and one state-designated Sustainable Community. Partnerships for community involvement and brownfields assessment, cleanup, and redevelopment also exist with many federal agencies, private companies, and non-profit organizations.

RESOURCE REFERENCES:

Florida Enterprise Zone
Florida Sustainable Communities
U.S. Department of Commerce
    Economic Development District/Redevelopment Area
U.S. Department of Housing and Urban Development
    Community Development Block Grant (CDBG) Program
    Miami-Dade Empowerment Zone (EZ)(FL)
    Miami-Dade Enterprise Community (EC)(FL)
U.S. Environmental Protection Agency (EPA)
    Brownfields Assessment Demonstration Pilot

CONTACT:

Terry Manning
Eastward Ho! Brownfields Partnership
954-985-4416

Regional Brownfields Team
U.S. EPA - Region 4
404-562-8923

SOURCES:

U.S. Environmental Protection Agency. 1998d. *Brownfields Showcase Community: Eastward Ho!, Fl* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Kansas City

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Kansas City, KS & MO

DESCRIPTION: The cities of Kansas City, KS and Kansas City, MO were selected to be Brownfields Showcase Communities. The focus of the cities' bi-state brownfields efforts lies within the Central Industrial District, downtown, the central business corridor, and the central city neighborhoods of Kansas City, Missouri; the riverside areas of Kansas City, Kansas and Wyandotte County; and other scattered areas known collectively as the "Industrial Crescent."

The Kansas City Showcase communities have numerous brownfields redevelopment projects underway. **Highlights of the cities' brownfields redevelopment program include**: (1) Utilizing grants and secured loans totaling $14.2 million to help redevelop the oldest functioning railroad roundhouse turntable in the United States into the Westside Business Park, consisting of mixed-use office, retail, commercial distribution, and educational facilities; (2) Converting Union Station into a mixed-use science center, museum, retail and transportation complex; and (3) Preparing the Kansas City Structural Steel site, a 22-acre former lead smelting and steel plant, for development into a mixed-use business park.

RESOURCES USED: The cities formed several partnerships to aid them in their efforts. The Kansas City District of the U.S. Army Corps of Engineers has worked on past flood control projects with Kansas City, and has proposed a cost-share program to assume 50% of the brownfields assessment costs in a brownfields pilot program. Many of the community groups adding their support are currently participating in brownfields redevelopment projects around the metropolitan area. In addition, by partnering with each other, the cities formed the Kansas City Bi-State Brownfields Initiative (KCBI) and were able to receive a U.S. Environmental Protection Agency Brownfields Assessment Demonstration Pilot grant, as well as grants and loans totaling $14.2 million from the U.S. Department of Housing and Urban Development.

RESOURCE REFERENCES:

U.S. Army Corps of Engineers
Kansas City District
U.S. Department of Housing and Urban Development
U.S. Environmental Protection Agency (EPA)
Brownfields Assessment Demonstration Pilot

CONTACT:

Andrew Bracker
Department of Environmental Management
City of Kansas City, MO
816-274-2014

Regional Brownfields Team
U.S. EPA - Region 7
913-551-7786

SOURCES:

U.S. Environmental Protection Agency. 1998e. *Brownfields Showcase Community: Kansas City, KS & MO* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Lowell

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Lowell, MA

DESCRIPTION: Because of its history as a heavily industrialized city, Lowell has a limited supply of vacant, non-contaminated land available for development. Its designation as a Brownfields Showcase Community has provided funds that are being used to return the city's brownfields properties to productive use so that Lowell's contemporary industrial development and job creation efforts can increase.

The city has identified 16-17 priority brownfields sites for assessment and testing, and has attracted several large, experienced developers to redesign and market several of these properties. Since the inception of Lowell's brownfields program in 1996, the city has leveraged more than $100 million in public and private investments. **Highlights of Lowell's brownfields redevelopment program include**: (1) Developing a $30 million sports arena and a $12 million professional baseball stadium on the former Lawrence Mills site, which has a 170-year history of industrial use; (2) Supporting an $8 million bond to initiate the Lawrence Mills redevelopment project, and raising $1.6 million in private donations, which would create thousands of new jobs; and (3) Attracting developers who have invested more than $10 million into the 400,000 square-foot Wannalancit Mills project, and $36 million into the 700,000 square-foot Boott Mills project.

RESOURCES USED: Lowell has developed creative approaches to attracting investors for brownfields cleanup and redevelopment, including use of the Lowell Development and Finance Corporation — a consortium of local stakeholder banks — and tax increment financing. Community members, private businesses, and federal, state, and local agencies all play an integral part in the planning and implementation of city-based redevelopment projects.

RESOURCE REFERENCES:

Lowell Development and Finance Corporation
U.S. Environmental Protection Agency (EPA)

CONTACT:

Division of Planning
and Development
City of Lowell
978-970-4276

Regional Brownfields Team
U.S. EPA - Region 1
617-573-9681

SOURCES:

U.S. Environmental Protection Agency. 1998f. *Brownfields Showcase Community: Lowell, MA* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Portland

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Portland, OR

DESCRIPTION: Portland has a history of commitment to brownfields redevelopment, and has established local, state, and federal partnerships to accomplish this goal. Recent brownfields efforts have stimulated an increase in mixed-use development in the city, while preventing urban sprawl. For example, redevelopment efforts along the waterfront area have contributed to improved water quality, preservation of open spaces, and new jobs and housing. The city's federally-designated Enterprise Community (EC) — the location of many brownfields in close proximity to schools, churches, neighborhoods, and community centers — has also been the target of extensive outreach. **Highlights of Portland's brownfields redevelopment program include**: (1) Redeveloping the South Waterfront Area — former home to a power station, lumber mills, and scrap yards — into a commercial, office, and residential site; (2) Converting a former power station into the Oregon Museum of Science and Industry; and (3) Converting a former automotive fueling center into the Rose Garden Arena, home to Portland's professional basketball team.

RESOURCES USED: Portland is the recipient of a Brownfields Assessment Demonstration Pilot grant from the U.S. Environmental Protection Agency.

RESOURCE REFERENCES:

U.S. Department of Housing and Urban Development
Portland Enterprise Community (EC)(OR)
U.S. Environmental Protection Agency (EPA)
Brownfields Assessment Demonstration Pilot

CONTACT:

Portland Development Corporation
503-823-3248

Regional Brownfields Team
U.S. EPA - Region 10
206-553-6523

SOURCES:

U.S. Environmental Protection Agency. 1998g. *Brownfields Showcase Community: Portland, OR* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: St. Paul

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: St. Paul, MN

DESCRIPTION: St. Paul has been a leader in brownfields redevelopment since 1980, when the Port Authority transformed a 200-acre brownfields site into Energy Park, creating more than 5,000 jobs. The city currently has identified 17 brownfields parcels, covering more than 1,000 acres. St. Paul's brownfields are both scattered throughout the city and concentrated in the federal and state Enterprise Communities. St. Paul has encouraged job creation and the development of opportunities for local residents as an integral part of brownfields redevelopment by requiring businesses to hire residents for 60% of their new positions and to pay a minimum wage of $8 per hour.

St. Paul has organized a number of focus groups and forums to advance brownfields redevelopment. The Polluted Lands Task Force educates business owners about brownfields and business opportunities. The Lenders Roundtable on Brownfields meets monthly to involve banks and other financial institutions in brownfields cleanup and redevelopment. Community development corporations, district planning councils, and the city come together regularly in a "community visioning process" to plan for cleanup and redevelopment of brownfields properties. Local grassroots organizations are working with the Port Authority to advocate for better job training for East Side residents.

Highlights of St. Paul's brownfields redevelopment program include: (1) Redeveloping more than 100 acres of brownfields properties into business parks; (2) Redeveloping a former tank farm into the following: a 10-acre "green" corridor of open space along the Mississippi River, and the 30-acre Crosby Lake Business Park, which when completed will create 505 new jobs; (3) Linking the Crosby Lake Business Park to St. Paul's East Side with additional bus lines, to provide access to new jobs for a low-income, low-employment neighborhood; and (4) Securing financing for the 30-acre Williams Hill Business Park which will be the home to about 325 jobs and produce more than $500,000 in property tax revenue.

RESOURCES USED: St. Paul has been designated a Brownfields Assessment Demonstration Pilot by the U.S. Environmental Protection Agency, as an Enterprise Community by the U.S. Department of Housing and Urban Development, and as an Enterprise Community by the State of Minnesota. Partnerships in brownfields assessment, cleanup, and redevelopment also have been

formed with: the U.S. Department of Commerce's Economic Development Administration; the Minnesota Departments of Trade and Economic Development, Transportation, and Commerce; and the Metropolitan Council (the local regional governing body).

RESOURCE REFERENCES:

Metropolitan Council
Minnesota Department of Commerce
Minnesota Department of Trade and Economic Development
Minnesota Department of Transportation
U.S. Department of Commerce
Economic Development Administration (EDA)
U.S. Department of Housing and Urban Development
St. Paul Enterprise Community (EC)(MN)
U.S. Environmental Protection Agency (EPA)
Brownfields Assessment Demonstration Pilot

CONTACT:

St. Paul Port Authority
City of St. Paul
612-224-5686

Regional Brownfields Team
U.S. EPA - Region 5
312-886-5284

SOURCES:

U.S. Environmental Protection Agency. 1998h. *Brownfields Showcase Community: St. Paul, MN* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Salt Lake City

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Salt Lake City, UT

DESCRIPTION: Since 1978, Salt Lake City has developed sophisticated programs, partnerships, and processes to address the issues associated with brownfields and community redevelopment. These have included partnering with the U.S. Environmental Protection Agency as a Brownfields Assessment Demonstration Pilot and targeting for revitalization, as a pilot entity, the 650-acre Gateway district, which was developed during the mining and railroad booms of the 19th century. Currently, 20% of the Gateway district is vacant land and buildings, and the area is plagued by environmental contamination, severe crime, homelessness, and poor accessibility. Through the Gateway Revitalization Initiative, Salt Lake City is working to rejuvenate the blighted industrial district as a livable, mixed-use neighborhood. Other highlights of Salt Lake City's brownfields program include: (1) Building the Triad Center business complex and the Delta Center sports arena, which employ 1,452 people and generate $1 million in tax increments annually; and (2) investing more than $1 million to improve historic Pioneer Park, and to create an active Farmer's Market at that site.

RESOURCES USED: Salt Lake City received funding through EPA's Brownfields Assessment Demonstration Pilot.

RESOURCE REFERENCES: U.S. Environmental Protection Agency (EPA)
Brownfields Assessment Demonstration Pilot

CONTACT:

Alice Larkin Steiner
Redevelopment Agency
of Salt Lake City
City of Salt Lake City
801-535-7240

Regional Brownfields Team
U.S. EPA - Region 8
303-312-6931

SOURCES:

U.S. Environmental Protection Agency. 1998i. *Brownfields Showcase Community: Salt Lake City, UT* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author)

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NAME: Brownfields Showcase Community: Seattle/King County

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Seattle, WA

DESCRIPTION: The City of Seattle and King County (in which it is located) chose the Duwamish corridor as its Brownfields Showcase Community. This corridor is the most highly concentrated industrial area in the state of Washington. It encompasses more than 8,500 acres, 65% of which are in the City of Seattle, and runs through the center of Seattle's federal Enterprise Community (EC) and the state Community Empowerment Zone. The corridor contains 2,000 businesses which provide nearly 87,000 jobs and which produce an annual payroll of approximately $2.5 billion.

The strategy of the city of Seattle and King County for brownfields redevelopment is to implement a range of systematic solutions to address regulatory and other institutional barriers to cleanup and redevelopment. The objective is to stimulate private investment by increasing the redevelopment potential of contaminated, vacant, or under utilized industrial land. The Duwamish Coalition, which is a multi-jurisdictional, public/private partnership, was created to implement this strategy. The Coalition's steering committee is comprised of representatives from federal, state, and local agencies, private companies, financial institutions, community and business organizations, labor unions, educational institutions, and tribal and state governments. The coalition also involves affected communities to ensure that comprehensive solutions to brownfields issues are developed.

RESOURCES USED: As part of the redevelopment effort in the Duwamish corridor, the City of Seattle and King County are implementing a demonstration project process that provides technical and financial assistance from local governments to public and private entities for various cleanup and redevelopment projects, all of which were projected to create or retain industrial jobs. The Seattle Jobs Initiatives — to improve links between disadvantaged residents and jobs in the corridor — also was launched. In addition, a workforce brokerage with private sector employers was established to implement initiatives.

RESOURCE REFERENCES:

City of Seattle
King County
Seattle Jobs Initiative
U.S. Department of Housing and Urban Development
Seattle Enterprise Community (EC)(WA)
U.S. Environmental Protection Agency (EPA)
Washington State Community Empowerment Zone

CONTACT:

Office of Economic Redevelopment
City of Seattle
206-684-8591

Regional Brownfields Team
U.S. EPA - Region 10
206-553-6523

SOURCES:

U.S. Environmental Protection Agency. 1998j. *Brownfields Showcase Community: Seattle/King County, WA* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Stamford

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Stamford, CT

DESCRIPTION: The Stamford Harbor Redevelopment Project plans to restore the 250-acre harbor area to a major economic and recreational resource. Restoration of the harbor will also increase the economic health of two of Stamford's lowest-income neighborhoods — Waterside and South End, which are located within a state Enterprise Zone. Waterside's population is 71% minority, with 25% of the families living in poverty. South End's residents are 80% minority, with 16% of the families living in poverty.

The city of Stamford is targeting for redevelopment three of the harbor's largest brownfields sites, all of which have unused for thirty years. The first site is the 40-acre Northeast Utilities property, a former manufactured gas plant contaminated by coal tar, PCB's, cyanide, lead, asbestos, and other by-products. This site will be cleaned up, removing its contamination, and one acre will be used to construct a fire station. The second is the 17-acre site of a former fuel oil depot, for which a new residential complex is planned. The final site is the 22-acre Yale & Towne manufacturing complex and foundry property, which has been slated to become approximately 500 units of market-rate housing, 100,000 square feet of retail space, and 200,000 square feet of industrial space.

The city of Stamford already has completed the cleanup of one 12-acre site and plans a $250 million construction project there to create a new facility for 2,300 traders and other financial services professionals.

RESOURCES USED: The current owner of the Northeast Utilities property covered the costs of cleaning up and removing contamination on the site. The Stamford Harbor Redevelopment Project also received a HOPE VI grant of $26 million from the U.S. Department of Housing and Urban Development (HUD) to replace federally assisted housing developments in the area. Additionally, HUD granted the Stamford Harbor Redevelopment Project a $6.5 million demolition grant, which is expected to leverage $35 million in private and municipal funds.

RESOURCE REFERENCES:

U.S. Department of Housing and Urban Development
HOPE VI Program
U.S. Environmental Protection Agency (EPA)

CONTACT:

Stamford Harbor
Redevelopment Project
City of Stamford
203-977-5088

Regional Brownfields Team
U.S. EPA - Region 1
617-573-9681

SOURCES:

U.S. Environmental Protection Agency. 1998k. *Brownfields Showcase Community: Stamford, CT* (http://www.epa.gov/brownfields/showcase.htm)

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Brownfields Showcase Community: Trenton

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Trenton, NJ

DESCRIPTION: The city of Trenton was chosen as a Brownfields Showcase Community in part because of the health issues — such as high rates of infant mortality and childhood lead poisoning — in the area surrounding its brownfields. In addition, more than 18% of the residents in this area have incomes below the federal poverty level. The unemployment rate in Trenton is almost double the state and national figures.

Trenton began its brownfields redevelopment strategy in 1994 after the New Jersey Legislature enacted the Industrial Sites Recovery Act (ISRA), which offered flexible cleanup options, as well as financial resources for brownfields cleanup. The city has identified more than 65 brownfields sites on approximately 330 acres.

Since 1994, the city has been engaged with more than thirty separate brownfields sites containing nearly 100 acres. Private and public investment in the industrial redevelopment of brownfields sites exceeds $16 million and has preserved or brought into Trenton more than 1,000 jobs. **Highlights of Trenton's brownfields redevelopment program include**: (1) completing a 10,000-square-foot factory on 1.5 acres of the Crane Pottery site, with a second plant under construction, and a third planned; (2) ensuring employment of Trenton residents through the Canal Banks Construction Training Program and the Trenton Contractors Assistance Program; (3) working with Mercer County and private investors to redevelop the former Roebling Works, including converting more than 220,000 square feet of historic industrial space into a $17 million shopping center, a $13 million office complex, and more than 230 rental units. (A total of $50 million has been committed for additional development, and more than 400 jobs have been created at this site.); and (4) developing the former Cooper Iron Works, located along the waterfront, into a popular night club. When reconstruction is completed, part of the area will feature mixed-use development, including new single family homes, a new shopping center and a health care facility, wrapped around the restoration of an historic park. Plans also are underway to convert the nearby Champale Brewery into a mixed-use family entertainment destination. It is expected that this project alone will create more than 300 additional jobs.

RESOURCES USED: The partnerships that the city has formed with federal, state, and local agencies have been key to the city's ability to move forward with its

brownfields revitalization strategy. The city of Trenton has partnered with federal agencies such as the U.S. Environmental Protection Agency, the U.S. Economic Development Administration, and the National Park Service; state agencies; non-governmental organizations, including Isles, Inc., and the United Church of Christ Commission for Racial Justice; and educational institutions, including the Northeast Hazardous Substance Research Center and Thomas Edison State College.

RESOURCE REFERENCES:

Isles, Inc.
Northeast Hazardous Substance Research Center
Thomas Edison State College
United Church of Christ Commission for Racial Justice
U.S. Department of Housing and Urban Development
U.S. Department of Interior
National Park Service (NPS)
U.S. Economic Development Administration (EDA)
U.S. Environmental Protection Agency (EPA)

CONTACT:

Department of Housing and Development
City of Trenton
609-989-3504

Regional Brownfields Team
U.S. EPA - Region 2
212-637-4314

SOURCES:

U.S. Environmental Protection Agency. 1998l. *Brownfields Showcase Community: Trenton, NJ* (http://www.epa.gov/brownfields/showcase.htm

National Association of County and City Health Officials. 2000. *Community Revitalization and Public Health: Issues, Roles, and Relationships for Local Public Health Agencies* (Washington, DC: Author).

NAME: Camden Community Health Worker Initiative/Rowan University

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Camden, NJ

DESCRIPTION: Heart disease, cancer, and stroke are the leading causes of death for Camden residents; mortality from chronic diseases also is a significant problem. According to the 1996 Camden City health needs assessment, an estimated 27,000 adults (about 30 percent of the adult population) suffer from high blood pressure, diabetes, heart problems and high cholesterol, while 12.3 percent suffer from asthma. More than 18 percent of residents did not receive medical care when they needed it in the past year, because of cost and transportation problems. Thus, to improve their health outcomes, Camden residents need improved access to health care.

To help meet this need, four health providers in Camden recruit, train, and hire community health workers through a pilot program being sponsored in collaboration with the Community Outreach Partnership Centers (COPC) Program at Rowan University in Glassboro, New Jersey. Throughout the 2-year pilot program, 24 local residents are being recruited for entry-level positions with various primary-care providers. The health workers will perform duties related to outreach, preventive health, chronic disease management, linkage to social services, and/or advocacy.

The Rowan University COPC is supporting the health worker initiative through a combination of research and outreach. The University's Urban and Public Policy Institute, which administers the COPC, is working with project partners to organize a steering committee to oversee program development and implementation. In addition, Rowan is training the health workers, conducting project evaluation, and helping to identify funding that will sustain the initiative's training and job-development elements.

Among the activities Rowan University will undertake are:
(1) establishing partnerships with Camden's major health care institutions to employ residents as community health workers and to create career ladders for individuals making the welfare-to-work transition; (2) Offering courses at the University to help community leaders evaluate, select, and implement a strategic plan and service delivery options; (3) Initiating a health and wellness campaign for neighborhood children and their families, including prevention, immunization follow-up, and the use of mobile health services; (4) Identifying and training community-based leaders on the use of the Camden Geographic Information System, to help them in their planning, fundraising, and outreach activities.

RESOURCES USED:

Rowan University received a Community Outreach Partnership Centers Program New Grant for $397,900 to work in the Camden Empowerment Zone. Rowan's partners in the health initiative include Cooper Hospital, Our Lady of Lourdes Medical Center, West Jersey-Virtua Health System, and Mercy Health Systems. Community partners, including the Camden Development Collaborative and the Camden Board of Education, are providing well over $1 million in matching funds.

RESOURCE REFERENCES:

Camden Board of Education
Camden Development Collaborative
Cooper Hospital
Our Lady of Lourdes Medical Center
Rowan University
Robert Wood Johnson (RWJ) Foundation
U.S. Department of Housing and Urban Development
Camden Empowerment Zone (EZ)(NJ)
Community Outreach Partnership Centers (COPC) Program
West Jersey-Virtua Health System

CONTACT:

Mr. Jerome Harris
Executive Director
Urban & Public Policy Institute
Rowan University
Glassboro, NJ 08028
856-256-4130

SOURCES:

Community Outreach Partnership Centers Grantees, Fiscal Year 1999 on the U.S. Department of Housing and Urban Development website, http://www.oup.org/news/copc99.html (Accessed 11/00).

NAME: Center for Health Professions

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Saginaw, MI

DESCRIPTION: The Center for Health Professions (CHP), established in 1993, is a non-profit community development and educational organization that works to revitalize the Cathedral District neighborhood on the east side of Saginaw, Michigan. At the grassroots level, CHP works closely with the Cathedral District Neighborhood Association to identify families who wish to participate in the Neighborhood Defined Health Program. The Neighborhood Defined Health Program uses teams of students from Michigan State University to interview families in the Cathedral District neighborhood to identify community assets that promote health and well-being. Residents use these data as a means to take action and improve the health of the community, as part of the Cathedral District Project 2000. The Project focuses on four main areas: health access, property improvement, family issues, and safety.

The lead implementing agency in the Cathedral District Project 2000 is Neighborhood Renewal Services (NRS) of Saginaw, Inc. NRS serves as the community's "point organization" for combating blight, revitalizing neighborhoods, and providing affordable housing. In addition to providing base operating funds, Saint Mary's Hospital also donated to NRS a renovated house, to become affordable housing for low-income tenants.

RESOURCES USED: The Center for Health Professions was originally affiliated with the College of Human Medicine at Michigan State University in East Lansing, Michigan, which received a W.K. Kellogg Foundation grant to establish a community/university health partnership program to educate health professionals. In 1997, this funding was transferred to Saint Mary's Hospital and was used to help develop the Cathedral District Project 2000.

RESOURCE REFERENCES:

Neighborhood Reinvestment Corporation (NRC)
Neighborworks® Network
Neighborhood Renewal Services of Saginaw, Inc. (MI)
Saint Mary's Hospital
W.K. Kellogg Foundation

CONTACT:

Center for Health Professions
Saint Mary's Hospital
800 S. Washington Avenue
Saginaw, Michigan 48601-2524
517-776-8529 or 517-776-8530

SOURCES:

Profiles of Partnership Success: The 1999 Social Compact Award Winners. Washington, DC: Social Compact, 1999.

Documentation retrieved from the community outreach section of the Saint Mary's Hospital Website — www.saintmarys-saginaw.org (accessed on August 2000).

NAME: Cleveland Works, Inc.

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Cleveland, OH

DESCRIPTION: Cleveland Works, Inc., is a non-profit organization that delivers job training, placement assistance, and comprehensive family services to people seeking permanent employment and an increase in their standard of living, including the opportunity to move off public assistance. The programs of Cleveland Works are centered around family health, quality education, and gainful employment. Cleveland Works has five major programs, including Job Placement and Retention, Job Preparation and Training, "Beat the Streets," Legal Services, and the Family Development Project. Through these programs, the organization provides educational opportunities, legal services, family education, an on-site health clinic, and on-site child care.

In 1992-1993, Cleveland Works placed 253 adults in full-time jobs with health benefits; in 1993-1994, 370 adults were placed; and in 1994-1995, approximately 425 were placed.

RESOURCES USED: Funding came from the federal Job Opportunities and Basic Skills Training (JOBS) program (reimbursements and day care), and the City of Cleveland through the Job Training Partnership Act (JTPA). Additional sources of funding include the Cuyahoga County Food Stamp program, Head Start, foundations, private contributions, and corporations.

RESOURCE REFERENCES:

Job Opportunities and Basic Skills Training (JOBS) Program
U.S. Department of Agriculture
Food Stamp Program
Cuyahoga County (OH) Food Stamp program
U.S. Department of Health and Human Services
Administration for Children and Families
Head Start Program
U.S. Department of Labor
Job Training Partnership Act (JTPA)

CONTACT:

David Roth, Executive Director
Cleveland Works, Inc.
3400 Hamilton Avenue
Cleveland, OH 44114
216-589-9675

SOURCES:

Hayes, Cheryl D., Elise Lipoff, and Anna E. Danegger. 1995. *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies* (Washington, DC: Finance Project). Web page http://www.financeproject.org/compendium.html (Accessed April 1999).

NAME: Community Choices 2010 (CC 2010)

PROGRAM TYPE: Improve Health

LOCATION: Clark County, WA

DESCRIPTION: Three major health institutions — the local health department, the Southwest Washington Medical Center, and The Kaiser Permanente managed care organization — established Community Choices 2010 (or CC 2010), a group that would identify areas in which government, business, and neighborhood groups could make a difference in the community's health. This original partnership evolved into a 24-member Steering Council, and six workgroups with subcommittees. Currently, more than 450 volunteers participate in four workgroups, using a "strategic planning and response model." Workgroup members select a particular health issue/problem (e.g., health and safety, tobacco use reduction, violence prevention, readiness to learn in children) in their community, gather and analyze the relevant data, and then promote a collaborative solution.

Recognizing that many of the determinants of health involve social or economic forces, CC 2010 has as a main focus community efforts to enhance economic development. Strategies implemented by the group include mentoring programs for young men and teenage boys, anti-violence campaigns, and efforts to promote affordable housing. The group holds public forums, and publishes community report cards and assessment reports that are developed and produced through the partner institutions, including the health department. Government, private agencies, and businesses contribute to collecting this information and use it extensively for program planning. For example, when the health department was thinking of opening a weekend WIC (Women, Infants, and Children) clinic, it turned to CC 2010 for advice on how the clinic could relate to other community efforts. One local business solicited help from CC 2010 in planning its employee wellness program.

RESOURCES USED: Community Choices 2010 is an affiliate of the Greater Vancouver Chamber of Commerce. Major funding for CC 2010 is provided by the Hewlett Packard Company, Holland/Burgerville Corporation, Kaiser Permanente Northwest, Southwest Washington Medical Center, the City of Vancouver, and Clark County, as well as several other concerned organizations, businesses and municipalities. Since 1995, the Southwest Washington Medical Center and Kaiser Permanente each have contributed $50,000 annually to CC 2010.

RESOURCE REFERENCES:

City of Vancouver (WA)
Clark County (WA)
Hewlett Packard (HP) Company
Holland/Burgerville Corporation
Kaiser Permanente (Northwest)
Southwest Washington Medical Center

CONTACT:

Greater Vancouver Chamber of Commerce
404 East 15th Street, Suite 11
Vancouver WA 98663
(360) 694-2588
info@vancouverusa.com

SOURCES:

Lasker, Roz D. 1997. *Medicine and Public Health: The Power of Collaboration* (New York, NY: The New York Academy of Medicine), pp. 109-111 & 121-122.

The Community Choices 2010 web page. http://www.communitychoices.org (Accessed May 2001).

NAME: Comprehensive Community Revitalization Program (CCRP)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: New York, NY

DESCRIPTION: The Comprehensive Community Revitalization Program (CCRP) was launched in 1992 by the Surdna Foundation. The program was established to provide five large-scale community development corporations (CDCs) with the support to "build upon their successes as housing producers and real estate managers and begin to address pressing economic and social concerns of the residents of their neighborhood."

The program became part of New York State's Neighborhood Based Alliance Program, a state program to support comprehensive neighborhood development, in 1993. The CDC initiatives that CCRP supports include new primary health care practices, economic development projects, child care and family learning programs, quality-of-life physical planning, self-esteem training, school enrichment and intervention, community safety, and jobs and employment initiatives, as well as management information-system development and neighborhood alliance-building through the Neighborhood Based Alliance Program.

CCRP now serves four CDCs, which, according to CCRP staff, together have created some 300 new jobs and leveraged well over 40 new projects and programs.

RESOURCES USED: CCRP has received support from local and national sources including (but not limited to): Annie E. Casey Foundation, Bank of America, Bankers Trust Company Foundation, Booth Ferris Foundation, Chase Manhattan Bank, Citibank N.A., Clark Foundation, Edna McConnell Clark Foundation, Hearst Foundation, James C. Penney Foundation, Merck Family Fund, Metropolitan Life Foundation, New York Community Trust, Pew Charitable Trusts, Rockefeller Foundation, Scherman Foundation, and Surdna Foundation.

CCRP's funding to each CDC is for CCRP management and outreach, staff costs, and seed money to leverage public funds in order to advance CCRP's objectives.

RESOURCE REFERENCES:

Annie E. Casey Foundation
Bank of America
Bankers Trust Company Foundation
Booth Ferris Foundation
Chase Manhattan Bank
Citibank N.A.
Clark Foundation
Edna McConnell Clark Foundation
Hearst Foundation
James C. Penney Foundation
Merck Family Fund
Metropolitan Life Foundation
New York Community Trust
Pew Charitable Trusts
Rockefeller Foundation
Scherman Foundation
Surdna Foundation

CONTACT:

Anita Miller, Program Director
Comprehensive Community Revitalization Program
330 Madison Avenue, 30th Floor
New York, NY 10017
212-557-2929

SOURCES:

Hayes, Cheryl D., Elise Lipoff, and Anna E. Danegger. 1995. *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies* (Washington, DC: Finance Project). Web page http://www.financeproject.org/compendium.html (Accessed April 1999).

NAME: East End Partnership With Families (EEPWF)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Richmond, VA

DESCRIPTION: The East End Partnership With Families (EEPWF) was established in 1999 to coordinate the delivery of services by agencies working to improve the lives of families and children in the historic East End of Richmond, VA. The EEPWF provides the full array of supports (e.g., human/social services, job training, health care) necessary to empower individuals and families to lead independent and productive lives. The following entities are EEPWF partners:

- Challenge Discovery Projects

The Challenge Discovery Projects have served youth in the East End since 1980. The program provides outpatient and day treatment services for youth between the ages of 10 years and 17 or 18 years who are at risk for using substances or who are substance users. It also provides school-based violence and bullying prevention programs in two East End middle schools. The Challenge Discovery Projects are located in the same building as the Vernon J. Harris East End Community Health Center; the Projects also make referrals for youth and their families to the East District Family Resource Center, as appropriate.

- East District Families First/Healthy Families Richmond

The East District Families First/Healthy Families Richmond program provides intensive, in-home case management for prenatal families in the East End. Services are provided to the entire family (not just to the expectant mother) and include: parenting skills development, nutrition education, paternal engagement activities, and employment search assistance.

- East District Family Resource Center (FRC)

The East District FRC provides information and the following family support services in a non-stigmatizing, community setting: adult basic education, GED classes, computer training, and mental health services and counseling. In addition, FRC offers the following programs: PAID (People Attaining Independence Daily), Family Development Programs, Super Pantry, and Youth Programs. PAID is an employment program that provides workshops, employment counseling, a job bank,

career clothes closet, and job placement. The Family Development Programs include the Male Mentoring/ Fatherhood Program, Parenting Training, the Community Club (for seniors), and Friday night family dinners and games. Super Pantry is a nutrition education program with an array of services, including nutrition training, life skills training, and emergency food assistance. The Youth Programs include homework hour, tutoring, web page and computer training, piano lessons, chess club, and spring and summer camps.

- East District Family Resource Center Board

As the board of directors for the East District FRC, the East District Family Resource Center Board provides oversight and guidance for the initiatives of the FRC

- East District Initiative (EDI)

The East District Initiative (EDI) was implemented by the city of Richmond in 1993, as a community-based public service delivery system, with the mission of improving the quality of life for East District residents. The East District Center (a satellite city hall established in the East End as part of the EDI) provides access to the following agencies, programs and/or services: Women, Infants and Children's (WIC) supplemental food program (Department of Public Health), food stamps, Department of Social Services, East District Families First/Healthy Families Richmond, EDI office, finance window for paying city taxes, Memorial Child Guidance Clinic (MCGC) (administrative office), Richmond Career Advancement Center (RCA), Richmond Community Action Program (RAP), and Virginia Cooperative Extension Program. In addition, the EDI helped create the infrastructure for operations of the EEPWF partner organizations in the East End. The Challenge Discovery Projects, The East District FRC, The East District T.E.E.N. Center, and the Vernon J. Harris East End Community Health Center (CHC) all operate in city-owned buildings leased for nominal amounts annually. The facilities in which the FRC and the CHC operate both were renovated, painted, and cleaned by unemployed East End residents, some of whom were subsequently trained and certified for asbestos removal.

- East District T.E.E.N. (Teen Education, Empowerment, and Nurturing) Center

Housed in the basement of the Vernon J. Harris East End Community Health Center, the East District T.E.E.N. Center serves as a "safe haven" for teens, and provides a range of educational and social activities to promote the holistic growth and development of youth, teens, and families. The Center offers tutoring, nutrition education, anger management, art activities, drug intervention and prevention, grief counseling, physical activities, and field trips.

- East Team Board

Composed of East District residents representing their neighborhood civic and tenant associations, the East Team Board serves as the East District's governance body. The East Team Board also is the conduit for East District residents, community-based non-profit organizations, and businesses to receive information and services from the city. In addition, the Board makes recommendations for the implementation of city council policies within the East End.

- Grace E. Harris Leadership Institute

The Grace E. Harris Leadership Institute was established in May 1999 by the Board of Visitors of Virginia Commonwealth University (VCU) in recognition of Dr. Grace E. Harris upon her retirement from the position of Provost and Vice-President for Academic Affairs. Dr. Harris had served the University for 30 years as a faculty member and administrator and was the highest-ranking woman and the highest-ranking African American in the University's history. Housed in the Center for Public Policy at VCU, the Institute collaborates with the EEPWF to build the leadership capacity among partner organizations and residents in the East End.

- Memorial Child Guidance Clinic (MCGC)

The Memorial Child Guidance Clinic (MCGC) provides a comprehensive array of child development and mental health treatment services for adults, families, and children in Richmond and Central Virginia. Its prevention services include child care resource and referral, a USDA food program for child care providers and many adult training and education programs aimed at providing parenting and child development information. The MCGC also provides a medical model outpatient mental health treatment program for children with behavioral and emotional problems. Within the EEPWF, the MCGC

provides both educational programs for child development and staff consultation at the ED FRC The MCGC also manages the ED FRC and serves as the fiscal agent for grants to the entire EEPWF.

- Parent Resource Network

The Parent Resource Network is a group of neighborhood leaders who provide both outreach to families in the East End and input into the development of services by the EEPWF.

- Vernon J. Harris East End Community Health Center (CHC)

The Vernon J. Harris East End Community Health Center (CHC) opened in March 1999, to replace the East End CHC, which had closed in January 1998. The new CHC offers residents of all ages from the East End and from Greater Richmond the following services: primary medical care; prescription drugs; immunizations; physicals; well-baby care; 24-hour access to services; treatment for chronic and acute illnesses; diabetes management; high blood pressure management; outpatient mental health services; substance abuse services (for adolescents and adults); and access to inpatient hospital services. The CHC has a full-time administrator, two full-time, board-certified physicians, a full-time family nurse practitioner, and a dentist. During 2001, about 10,000 residents were served by this CHC.

RESOURCES USED:

The EEPWF partner agencies receive both private- and public-sector support for their activities. Local businesses and charitable organizations make contributions, and federal and local government programs also support the partners. For example, a grant from the United Way Services of Greater Richmond and charitable contributions from East District businesses enable the T.E.E.N. Center to offer a summer program to more than 50 youth and to provide an after-school program for an average of 40 youth per day. Several foundations (e.g., Annabella R. Jenkins Foundation, Annie E. Casey Foundation, and Jackson Foundation) also provide support. As a Section 330 CHC, the Vernon J. Harris East End Community Health Center (CHC) received $650,000 for its operations during calendar year 2002 from the Community Health Center (CHC) Program of the Bureau of Primary Health Care (BPHC). The CHC also has received assistance under the Ryan White Title II program (to provide primary care services for HIV-positive individuals) and from the Virginia Primary Care Association (for a medication assistance program). The Challenge Discovery Projects receive funds through the Substance Abuse Prevention and Treatment (SAPT) block grant of the Substance Abuse and Mental Health Services Administration (SAMHSA). The East District

Families First/Healthy Families Richmond program receives federal funds through the Healthy Start Initiative and the Temporary Assistance for Needy Families (TANF) program.

The city of Richmond provides both in-kind and direct financial assistance to EEPWF partner organizations. In-kind contributions include the leasing of city-owned buildings (some for $1 annually) and providing staff from the Department of Recreation and Parks to work at the ED T.E.E.N. Center. Direct financial assistance is provided through the city's Community Development Block Grant (CDBG) funds and other formula allocations.

RESOURCE REFERENCES:

Annabella R. Jenkins Foundation
Annie E. Casey Foundation
City of Richmond
Jackson Foundation
Primary Care Associations
- Virginia Primary Care Association (VPCA)

The Community Foundation (Serving Richmond and Central Virginia) (TCF)
Trigon Blue Cross Blue Shield
U.S. Department of Health and Human Services
- Administration for Children and Families (ACF)
  - Temporary Assistance for Needy Families (TANF) Program
- Health Resources and Services Administration (HRSA)
  - Bureau of Primary Health Care (BPHC)
    - Community Health Center (CHC) Program
  - HIV/AIDS Bureau
    - Ryan White Title II Program
  - Maternal and Child Health Bureau
    - Healthy Start Initiative
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Substance Abuse Prevention and Treatment (SAPT) Block Grant

U.S. Department of Housing and Urban Development
- Community Development Block Grant (CDBG) Program

United Way of America
- United Way Services of Greater Richmond

Virginia Commonwealth University (VCU)
- Center for Public Policy
  - Grace E. Harris Leadership Institute

CONTACT:

Mark Hierholzer
Memorial Child Guidance Clinic (MCGC)
701 North 25th Street
Richmond, VA 23223
804 - 644-9590 ext. 8

SOURCES:

Rust, Bill. 2000. "The Capacity to Heal: The Rebirth of a Community Health Center in Richmond." *AdvoCasey* vol. 2, no. 1, pp. 14-17.

www.eastdistrictpartners.org

NAME: Gilmor Homes (Jobs-Plus in Baltimore)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Baltimore, MD

DESCRIPTION: Jobs-Plus provides funding to cities to transform low-work, high-welfare, public housing developments into high-work, low-welfare communities. This transformation is achieved through: employment-related activities and services (e.g., job search, education, training and development); enhanced financial incentives to work (i.e., reducing the amount by which rent increases when earnings grow); and community support for work (e.g., fostering work-related information-sharing, peer support, and mutual aid among residents).

The Jobs-Plus program at Gilmor Homes expanded its activities to include some health services for its residents that would help to reduce the health-related barriers to employment. Jobs-Plus initiated a community-wide health promotion campaign in conjunction with the Vision for Health Consortium (VFH). This consortium of public and private organizations addresses health concerns at the individual, family, and community levels. At VFH's on-site office, residents who are registered with Jobs-Plus can obtain a family or individual health assessment, with referrals to providers.

RESOURCES USED: Job-Plus funding comes from a national consortium of federal agencies and private foundations including U.S. Department of Housing and Urban Development, Rockefeller Foundation, U.S. Department of Health and Human Services, James Irvine Foundation, Joyce Foundation, Northwest Area Foundation, Surdna Foundation, U.S. Department of Labor, and Annie E. Casey Foundation.

The Job-Plus initiative at Gilmor Homes is also supported by other partners including private agencies, foundations, organizations, and government offices.

RESOURCE REFERENCES:

Annie E. Casey Foundation
James Irvine Foundation
Jobs-Plus
Joyce Foundation
Northwest Area Foundation
Rockefeller Foundation
Surdna Foundation
U.S. Department of Health and Human Services

U.S. Department of Housing and Urban Development
U.S. Department of Labor
Vision for Health Consortium (VFH)

CONTACT:

Gilmor Homes
1601 Vincent Court
Baltimore, Maryland 21217
410-523-1800

SOURCES:

Riccio, James A. 1999. *Mobilizing Public Housing Communities for Work: Origins and Early Accomplishments of the Jobs-Plus Demonstration* (New York, NY: Manpower Demonstration Research Corporation), p. 36.

NAME: Greenwood Community Health Resource Center, Inc.

PROGRAM TYPE: Improve Health

LOCATION: Clearwater, FL

DESCRIPTION: The Greenwood Community Health Resource Center, Inc., (GCHRC) is one of six pilot projects funded under the Florida Community Health Protection Act of 1999 (Title XXIX, Chapter 381, Sections 381.1001 to 381.103). The purpose of the 1999 Act is to ensure the availability of public health and health care services to residents of low-income communities that may be adversely affected by contaminated sites located therein or nearby. The Florida Community Health Protection Act of 1999 was the third law passed by the state of Florida during the 1990s to provide a state-level remedy for environmental contamination. With the goal of ensuring the sustainability of Florida communities by giving the same attention to human health as to economic health, the 1999 Act became the capstone of the state environmental health and equity legislative trilogy.

The first of these three pieces of legislation was the Florida Brownfields Redevelopment Act of 1997, which authorized the state to provide economic redevelopment grants to communities with contaminated sites. The second law was the 1998 Environmental Equity and Justice Act, which established the Community Environmental Health Program (CEHP) and the Community Environmental Health Advisory Board (to oversee the program), both within the Florida Department of Health. The GCHRC, located in the state's first designated brownfields, receives funding under the CEHP, as well as both in-kind and cash support from local agencies, churches, businesses, and individuals.

The GCHRC opened its doors on May 4, 1997 to provide free, quality health care and community support services to the underserved residents of both the North Greenwood community (in Clearwater, FL) and Pinellas County, in which Clearwater is located. Prior to the opening of the Center, the North Greenwood community was without a health clinic or health education facility, and public transportation to receive services outside the area was limited. The GCHRC provides the following services: blood pressure screening; diabetes screening; cholesterol testing; school physicals and physicals for football, basketball, and cheerleading; treatment of minor illnesses; child care education; preventive services; flu shots; tuberculosis testing; and skin and foot care for senior citizens. Lead poisoning screening and information also were provided at a recent Mayfest (2000).

Staff at the GCHRC includes four registered nurses, two nurse practitioners, one nursing assistant, and four physicians (one of whom is provided by the Pinellas County Department of Social Services for two hours each week). North Greenwood Family Services helps coordinate services from GCHRC for its clients. GCHRC opened a new facility (funded by state revenues) on January 7, 2001.

RESOURCES USED:

In the July 1, 1999 to June 30, 2000 fiscal year (FY), $300,000 was provided from Florida state general revenues for construction of a new facility for the GCHRC. Under the Florida Community Health Protection Act of 1999, $100,000 also was appropriated to the Florida Department of Health to support six pilot projects (including the GCHRC) with $15,000 for operating expenses. In the July 1, 2000 to June 30, 2001 FY, another $15,000 was awarded to the Center for operating expenses. Local churches, businesses, and individuals provide additional monetary support.

RESOURCE REFERENCES:

Florida Department of Health
Community Environmental Health Advisory Board
Community Environmental Health Program
Florida state general revenues
Pinellas County Department of Social Services

CONTACT:

Willa L. Carson
Greenwood Community Health Resource Center, Inc.
1108 North Greenwood Avenue
Clearwater, FL 33755
727-467-9411

SOURCES:

Unpublished materials from the Greenwood Community Health Resource Center, Inc., received December 2000.

See also the subsection about "Brownfields National Partnership and Showcase Communities" for information about other projects developed in brownfields in Florida's Eastward Ho! corridor.

NAME: Helen B. Atkinson Center

PROGRAM TYPE: Improve Health

LOCATION: New York, NY

DESCRIPTION: The Helen B. Atkinson Center is a primary care facility that provides comprehensive primary care and case management services to residents of the Harlem neighborhood of New York City. The Helen B. Atkinson Center is owned by the Community Healthcare Network (CHN), a nonprofit organization that provides health care to medically underserved communities. Ninety percent of CHN's patients are women and members of racial/ethnic minority groups; almost one-third are under age 18; and nearly all live in poverty or barely above that level.

The Atkinson Center is one of 15 health care facilities that have opened with funding from the Primary Care Development Corporation (PCDC). PCDC develops public-private partnerships to expand primary care services for medically underserved communities by offering access to low-cost capital and technical assistance to not-for-profit health care providers in New York.

RESOURCES USED: The Primary Care Development Corporation and a consortium of banks led by J.P. Morgan Chase Community Development Group financed the Helen B. Atkinson project under a risk-sharing arrangement with the State of New York Mortgage Agency. It was the first time a consortium of banks had come together to fund a primary care facility as part of their community development program. PCDC provided a $600,000 equity grant, and the bank group provided a $2.4 million loan (of which the Community Development Group had a $400,000 stake) to finance the Helen B. Atkinson Center. In addition, the Upper Manhattan Empowerment Zone provided a $230,000 grant. The CHN also receives support from the Community Health Center (CHC) Program for the Helen B. Atkinson Center and other clinics it operates.

RESOURCE REFERENCES:

J.P. Morgan Chase Community Development Group
Primary Care Development Corporation
State of New York Mortgage Agency
U.S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Community Health Center (CHC) Program

U.S. Department of Housing and Urban Development
Upper Manhattan Empowerment Zone (EZ)(New York, NY)

CONTACT:

Ronda Kotelchuck,
Executive Director
PCDC
Broadway - 17th Floor
New York, New York 10007
212-693-1850

Christine Reed,
Director
Helen B. Atkinson Center
81 West 115th Street
New York, New York 10026
212-426-0088

SOURCES:

Profiles of Partnership Success: The 1999 Social Compact Award Winners 1999. Washington, DC: Social Compact.

NAME: Hillside Terrace

PROGRAM TYPE: Improve Health

LOCATION: Milwaukee, WI

DESCRIPTION: In Wisconsin, the Housing Authority of the City of Milwaukee (HACM) combines HOPE VI resources with other policies and programs to help Hillside Terrace residents transition from welfare to work.

The HOPE VI grant was used to renovate Hillside Terrace. The physical redevelopment included renovating units, reducing the size of the development, and changing its configuration to a cluster of mini-neighborhoods. As a part of this construction, a Family Resource Center was developed on the Hillside Terrace site. The Center hosts a full range of community services including a Boys and Girls Club, a child care center and a Head Start program. The Black Health Coalition operates a health clinic in the building, providing primary care as well as physical exams required by employers. Milwaukee Area Technical College established a computer learning center in the Family Resource Center. Case managers for the TANF (Temporary Assistance for Needy Families) welfare assistance program also have offices in the Center, making themselves easily accessible to the residents.

RESOURCES USED: In 1993, HACM received a $45.7 million HOPE VI grant to revitalize Hillside Terrace. Roughly $3 million supported a variety of self-sufficiency-related activities, including construction of physical facilities to house service providers (including a health clinic), funding for direct services, and creation of employment opportunities.

RESOURCE REFERENCES: U.S. Department of Housing and Urban Development
HOPE VI Program

CONTACT: Susan July, Community Services Manager
Housing Authority of the City of Milwaukee
809 N. Broadway
Milwaukee, Wisconsin 53202
414-286-2177

SOURCES:

Wood, Michelle, Gretchen P. Locke, B. Hannah Shulevitz, Diane M. Porcari, Sandra Nolden, and Jean Amendolia. 1999. *From Welfare to Work: Using HUD's Programs to Help Families to Transition* (Washington, DC: Abt Associates, Inc.), pp. 71-75.

NAME: Ho'ola Like Outreach Project (Healers Together)

PROGRAM TYPE: Improve Health

LOCATION: Honolulu, HI

DESCRIPTION: The Ho'ola Like Outreach Project provides health care to uninsured and underinsured clients on the isolated, impoverished Windward North Shore of Oahu. Working from three portable clinics, Hawaii Pacific University nurse practitioner faculty and students deliver services ranging from well baby care and school physicals and immunizations to acute and chronic care. Outreach workers provide referrals and help clients apply for insurance programs.

Since July 1998, about 1,800 visits have been made to the mobile clinics resulting in an increase in the number of physical examinations and immunizations provided, and in greater control of hypertension and diabetes among the people in the community. Other results include reduced emergency room visits, fewer days in the hospital, and reduced school absences. Because of the success of the Ho'ola Like model, three more clinics are opening soon in the Honolulu area.

RESOURCES USED: Hawaii Pacific University is a partner in the program, with faculty and students in the Nursing Division providing services from three portable clinics. The three clinics are located in the Queen Lili'uokalani Church in Haleiwa, the Queen Lili'uokalani Children's Center in Punalu'u and in the KEY Project in Kahalu'u. The clinics receive support through the Health Care for the Homeless (HCH) Program.

RESOURCE REFERENCES:

Hawaii Pacific University
Queen Lili'uokalani Children's Center
U.S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Health Care for the Homeless (HCH) Program

CONTACT:

Dale M. Allison, Ph.D.
Waikiki Health Center
277 Ohua Avenue
Honolulu, Hawaii 96815
808-922-4787

SOURCES: *Models That Work - 2000 Competition Winners* from Health Resources and Services Administration's Website (http://bphc.hrsa.gov/mtw).

NAME: Jackson Medical Mall

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Jackson, MS (in a community known as Mid-town)

DESCRIPTION: The Jackson Medical Mall, which is located in the Mississippi Enterprise Community, is a shopping mall converted into a medical facility that both meets the healthcare needs of a low-income community and provides jobs for some of the community members. In addition to selected retail establishments, mall tenants include the Jackson-Hinds South clinic (operated by the Jackson-Hinds Comprehensive Health Center) and the University of Mississippi Medical School which uses the facility to train its residents and interns.

RESOURCES USED: Jackson Medical Mall Foundation purchased the shopping mall with funds obtained from a loan from three of the state's largest banks (Community Reinvestment Act (CRA) credit for banks). The construction and renovation of the building was financed with fifteen-year tax-free bonds, backed by a Letter of Credit from Bank One (Baton Rouge, LA). Fifteen-year, fixed-rate leases with several government and education sector tenants ensured a revenue stream to cover common area construction, tenant construction, and related development cost. These leases also served as collateral for the bonds.

The Foundation relies solely on rent income for continuing operation of the mall. Jackson Medical Mall Foundation has adopted a lease structure that provides sufficient revenue to cover the ongoing tenant and common area costs as well as the operating expenses. Its leases include "no out" provisions, so only default by the state or local government paying the leases would trigger a default by the Jackson Medical Mall Foundation.

Jackson Medical Mall Foundation does not receive on an ongoing basis grant funds from any source to subsidize operations. However, the foundation has received grants from the Robert Wood Johnson Foundation and the Mississippi State Department of Health for special health care initiatives.

RESOURCE REFERENCES:

Bank One (Baton Rouge, LA)
Community Reinvestment Act (CRA)
Mississippi State Department of Health
Robert Wood Johnson (RWJ) Foundation

U.S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Primary Health Care (BPHC)
Community Health Center (CHC) Program
Health Care for the Homeless (HCH) Program
U.S. Department of Housing and Urban Development
Jackson Enterprise Community (EC) (MS)

CONTACT:

Dr. Aaron Shirley
Jackson Medical Mall
350 West Woodrow Wilson
Suite 615
Jackson, Mississippi 39213
601-982-0673

SOURCES:

"Medical Mall to Rejuvenate Jackson, MS," *Closing the Gap*, July/August 1996, a newsletter of the Office of Minority Health, Public Health Service, U.S. Department of Health and Human Services, p. 4.

"Grass Roots Renaissance: The Jackson Medical Mall Story," (videotape)

Interview with Brad Chism of the Jackson Medical Mall (6/20/2000).

NAME: Maternal and Infant Health Outreach Worker Project (MIHOW)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Nashville, TN

DESCRIPTION: The Maternal and Infant Health Outreach Worker Project (MIHOW) was initiated in 1982 by the Center for Health Services (CHS) at Vanderbilt University, which continues to oversee this project. MIHOW is a network of community-based organizations serving rural, low-income families in Appalachia and the Mississippi Delta. It is a partnership between community health centers and organizations in Tennessee, Kentucky, Virginia, and Arkansas, and the CHS at Vanderbilt. Each site has a sponsoring local agency, a child care center, and a voluntary community organization or community health center, which must have an existing track record and be respected in the local community.

Through MIHOW, trained community mothers visit pregnant women and parents of small children at home to provide health and child development education, and support for healthy lifestyles and positive parenting practices. MIHOW trainees also advocate for the women with whom they work within the health and social service systems. Most community sponsors have built on the MIHOW base and provide a range of activities, including General Equivalency Diploma (GED) programs, child care services, pregnancy prevention programs, job training, tutoring, and parent groups.

The sites, which either apply or are chose to be a part of the MIHOW project, are provided with volunteers and support from CHS for the first three years. CHS also is responsible for program supervision, technical assistance, staff training, and evaluation. It helps local sites build the skills and contacts to do their own programming and fund-raising. The community sponsor is responsible for day-to-day operations. After their initial three years, almost all of the local sites are able to sustain themselves.

The CHS Board of Directors oversees all its work, including MIHOW. Community representatives are a third of the members of this board, with another third student representatives, and the final third faculty from the university. The local agencies all are non-profits and use their existing boards to oversee MIHOW in addition to their other projects.

RESOURCES USED: Initial funding was provided by the Ford Foundation, by the Robert Wood Johnson Foundation, and by the Bernard van Leer Foundation.

Currently, each local agency receives its funds from a combination of the state public health department, the state Resource Mothers program, churches, foundations, and local corporations. The mix of funding varies among the local sites.

Vanderbilt University provides financial support to MIHOW and also contributes space in the building where the CHS central offices are located. The project at large receives funding from the St. Joseph's Regional Health System (California), and from an anonymous donor. It receives a small amount of money and volunteers from the Tennessee Commission on National and Community Service, as well.

RESOURCE REFERENCES:

AmeriCorps
    Tennessee Commission on National and Community Service
Bernard van Leer Foundation
Ford Foundation
Robert Wood Johnson (RWJ) Foundation
St. Joseph's Regional Health System (CA)
Vanderbilt University
    Center for Health Services (CHS)

CONTACT:

Barbara Clinton, Director
Center for Health Services, Station 17
Vanderbilt University Medical Center
Nashville, TN 37232-8180
615-322-4176

SOURCES:

Hayes, Cheryl D., Elise Lipoff, and Anna E. Danegger. 1995. *Compendium of Comprehensive, Community-based Initiatives: A Look at Costs, Benefits, and Financing Strategies* (Washington, DC: Finance Project). Web page http://www.financeproject.org/compendium.html (Accessed April 1999).

NAME: Mobile Nursing Clinic (The Nightingale)

PROGRAM TYPE: Improve Health

LOCATION: Douglas, GA

DESCRIPTION: In 1996, the nursing students at South Georgia College began working with local agencies to provide health care to underserved clients in remote rural areas of southeast Georgia. The mobile clinic operates in remote, rural areas where residents have limited access to transportation and community health services.

The students conduct basic health assessments for adults and children, perform minor procedures, and provide health information from the college's mobile medical clinic. The college also partners with a local shelter to provide health services to women and children who are victims of domestic violence.

RESOURCES USED: The funding for the Nightingale comes from a $500,000 grant from the Board of Regents of the University System of Georgia.

RESOURCE REFERENCES: Board of Regents of the University System of Georgia

CONTACT:
Carol Hurst, Chair of the Nursing Division
South Georgia College
100 West College Park Drive
Douglas, Georgia 31533-5098
912-389-4503

SOURCES:
Hurst, Carol P. and Linda B. Osban. 2000. "Service Learning on Wheels: The Nightingale Mobile Clinic," *Nursing and Health Care Perspectives* Vol. 21, No. 4, pp. 184-187.

U.S. Department of Housing and Urban Development. 1999. *University-Community Partnerships in America: Current Practices, Volume III* (Washington, DC: U.S. Department of Housing and Urban Development), p. 26.

NAME: Model Cities Health Corporation/Swope Parkway Health Center

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Kansas City, MO

DESCRIPTION: Model Cities Health Corporation is an umbrella organization that includes Swope Parkway Health Center, Community Builders of Kansas City, Applied Urban Research Institute, and FirstGuard Health Plan. All of these entities work together to enhance the physical and economic health of the communities in Kansas City.

Swope Parkway Health Center (SPHC) is a comprehensive ambulatory health and mental health care facility (a Section 330 Community Health Center (CHC)) that is committed to rebuilding its surrounding neighborhood. The Center, together with neighborhood groups from Mt. Cleveland and Sheraton Estates, established the Community Builders of Kansas City (CBKC) as an affiliate organization. CBKC is a not-for-profit community development corporation established to translate Swope's commitment into action. The Applied Urban Research Institute (AURI) was created to help formalize the community planning process. SPHC currently uses AURI for neighborhood planning and public policy analysis. FirstGuard Health Plan is a health maintenance organization (HMO), which serves as the health plan for employees of the Model Cities Health Corporation.

CBKC revitalized the Swope Parkway Health Center neighborhood by tearing down drug houses and establishing the Blue Parkway Land Use and Development Plan. The Plan included an Institutional Health and Family Services Campus with a new Swope Parkway Health Center Clinic; 84 multi-family and 60 single-family housing units; and a retail and office complex. The complex brought back to the neighborhood basic services, such as a grocery store, bank, post office, and other retail stores and services.

RESOURCES USED: An initial Model Cities' grant of $60,000 provided the seed money to establish Swope Parkway Health Center in 1969. Today, Swope's annual operating budget is derived from several sources, such as federal and state mental health agencies, Medicaid, other programs of the U.S. Department of Health and Human Services (such as the Health Care for the Homeless program administered by the Bureau of Primary Health Care (BPHC) in the Health Resources and Services Administration (HRSA)), sliding scale patient fees, Jackson County (MO), Kansas City (MO), private foundations, and the Heart of

America United Way (HAUW).

Although Community Builders of Kansas City is an affiliate of the Swope Parkway Health Center and provides development services on an "as needed" basis, Swope and CBKC have separate funding streams.

RESOURCE REFERENCES:

Jackson County (MO)
Kansas City (MO)
U.S. Department of Health and Human Services
- Health Care Financing Administration (in 2001, renamed Centers for Medicare and Medicaid Services)
  - Medicaid
- Health Resources and Services Administration (HRSA)
  - Bureau of Primary Health Care (BPHC)
    - Community Health Center (CHC) Program
    - Health Care for the Homeless (HCH) Program

U.S. Department of Housing and Urban Development
- Model Cities

United Way of America
- Heart of America United Way (HAUW)

CONTACT:

Dan Barnett
Swope Parkway Health Center
3801 Blue Parkway
Kansas City, Missouri 64130
816-922-7645 x 6366

Judith Pearlman
Community Builders of Kansas City
3801 Blue Parkway
Kansas City, Missouri 64130
816-922-7667

SOURCES:

Community Builders of Kansas City. 1994. *Building Healthy Communities: Community Builders' Strategic Plan* (Kansas City, MO: Community Builders, in affiliation with Swope Parkway Health Center)

"Health Care and Housing: Setting the Agenda Together," proceedings from a conference sponsored by U.S. Department of Housing and Urban Development at the George Washington Medical Center, September 20,1994.

Model Cities Health Corporation 1998-1999 Annual Report.

Seedco. 1995. *Jobs and Economic Development: Capitalizing on Opportunities in the Health Care Sector* (New York, NY: Seedco).

NAME: Neighbor-to-Neighbor Program

PROGRAM TYPE: Improve Health

LOCATION: St. Louis, MO (in a community known as Blumeyer Village)

DESCRIPTION: In 1995, Saint Louis University joined with Wyman Elementary School, Stevens Middle Education Center, the Department of Health and Hospitals, and Blumeyer Village Tenant Association to create the Neighbor-to-Neighbor program. The purpose of the program is to improve access to basic services, information, early intervention, and to support the neighboring public housing community.

Spearheaded by the Saint Louis University School of Public Health, the program provides a variety of services such as legal aid, immunizations, and AIDS testing and information. This partnership was instrumental in reactivating services in Blumeyer Village, such as the community center for children and laundry facilities for the people in the public housing community.

RESOURCES USED: The Neighbor-to-Neighbor program received a 5-year, $1.3 million grant from the U.S. Department of Education's Urban Community Service Program in 1996.

RESOURCE REFERENCES:

U.S. Department of Education
Urban Community Service Program

CONTACT:

Sharon Homan, Ph.D.
Saint Louis University Health Sciences Center
School of Public Health
3663 Lindell Boulevard
St. Louis, Missouri 63108-3342
314-977-8103

SOURCES:

Caldwell, Karen, Mary Domhidy, Sharon Homan and Michael J. Garazini, SJ. 1997. "University-Community Collaborations: Shaping the Vision of Catholic Higher Education," *Current Issues in Catholic Higher Education* Vol. 17, No. 2, pp. 63-71.

Homan, Sharon M., Diane Oleskevich, Paula Foster, Mary R. Domhidy and Mary E. Hogan. 1998. "Notes from the Field: Neighbor to Neighbor: Working Together for Healthy Families through an Urban Community Partnership," *American Journal of Public Health* Vol. 88, no. 6, pp. 977-978.

Neighbor-to-Neighbor Conference, proceedings of conference held September 26-28, 1996, at St. Louis University, St. Louis, MO.

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NAME: New Beginnings Program

PROGRAM TYPE: Enhance Economic Status

LOCATION: Detroit, MI

DESCRIPTION: In 1994, the Detroit Medical Center (DMC) set up the New Beginnings program to help the people in three public housing developments enhance their levels of income and education and at the same time increase the supply of qualified health care workers. The program now provides DMC and its health care partners — Henry Ford Health System (HFHS) and St. John Health System (SJHS) — a continuous supply of qualified, entry-level employees.

The New Beginnings program provides training for jobs in the health care industry, as well as job placement assistance. The three-part training process begins with a 12-week course covering basic academics and the day-to-day skills necessary for success in the workplace (e.g., punctuality and child care arrangements). As part of the second stage of training, participants enroll in courses at Wayne County Community College District to work toward their Associates or Bachelors degree. At the same time, they begin part-time work at one of the program's sponsoring health facilities. As participants advance in their studies and work experience, they may apply for positions closer to or within their chosen fields. Once they receive degrees, the trainees are considered program graduates and may apply for more advanced positions.

RESOURCES USED: New Beginnings is an federal Empowerment Zone (EZ) project that received funding under the Job Training Partnership Act (JTPA). Other funding sources include the Community Foundation for Southeast Michigan, and other foundations.

RESOURCE REFERENCES:

Community Foundation for Southeast Michigan
U.S. Department of Housing and Urban Development
Detroit Empowerment Zone (EZ)(MI)
U.S. Department of Labor
Job Training Partnership Act (JTPA)
Wayne County Community College District

CONTACT:

Cheryl Slaughter, Program Manager
New Beginnings
The Detroit Medical Center
3901 Beaubien, Suite 1K-52
Detroit, Michigan 48201
313-966-7495

SOURCES:

Wood, Michelle, Gretchen P. Locke, B. Hannah Shulevitz, Diane M. Porcari, Sandra Nolden, and Jean Amendolia. 1999. *From Welfare to Work: Using HUD's Programs to Help Families to Transition* (Washington, DC: Abt Associates, Inc.), pp. 41-42.

NAME: Northwest Alabama Community Health and Dental Clinic/Northwest Alabama Community Health Association

PROGRAM TYPE: Improve Health

LOCATION: Florence, AL

DESCRIPTION: The University of North Alabama's College of Nursing teamed with the Florence Housing Authority to develop a community health clinic to serve the underserved and uninsured residents of Florence, Alabama. The clinic is housed in a unit of a public housing complex and is furnished with basic supplies and equipment donated by vendors, hospitals, and community organizations. Nursing students from the university spend a portion of their clinical rotations at the clinic, and a local physician provides oversight for the medical services offered. The Tri-County Dental Society provides dental care to clinic clients.

Persons ages 10 or older who do not have health insurance, or do not have a regular health care provider are eligible to receive care at the clinic. This includes people who cannot afford health care insurance and those whose employers do not provide health care benefits. However, people with Medicaid or Medicare, persons with chronic conditions that require medical follow-up (e.g., kidney disease, heart disease) , and pregnant women are not eligible for care at the clinic. All patients seen are required to pay a $10 fee to cover their exam, lab work, and diagnostic studies, as needed.

RESOURCES USED: The Northwest Alabama Community Health Association, a nonprofit organization, manages the Northwest Alabama Community Health and Dental Clinic. Operating costs of the clinic are covered through donations and volunteer services. The Florence Housing Authority donates the rent and utilities on the building in which the clinic is located, while nursing students from the University of North Alabama College donate their time as volunteers at the clinic. The Coffee Health Group, which includes the local hospital, provides all of the lab work and other clinical services. Direct funding comes from a Community Development Block Grant administered by the city, and from other grants solicited by the Northwest Alabama Community Health Association.

RESOURCE REFERENCES: City of Florence
Florence Housing Authority

U.S. Department of Housing and Urban Development (HUD)
Community Development Block Grant (CDBG) Program
University of North Alabama

CONTACT:

Lynn Aquadro
Northwest Alabama Community Health Association
409 N. Court Street
Florence, AL 35630
256-760-9413

SOURCES:

U.S. Department of Housing and Urban Development. 1999. *University-Community Partnerships in America: Current Practices, Volume III* (Washington, DC: U.S. Department of Housing and Urban Development), p. 36.

NAME: Pfizer, Inc.

PROGRAM TYPE: Enhance Economic Status

LOCATION: Brooklyn, NY (Williamsburg section of Brooklyn)

DESCRIPTION: In 1984, Pfizer, Inc., a major pharmaceutical company, decided to invest both in one of its oldest plants and in the community in which the plant was located. At the core of this redevelopment was Pfizer's investment of more than $100 million in its Williamsburg plant, which triggered a significant increase in jobs and income for the community.

In addition to the investment in the plant, the corporation was instrumental in developing the surrounding neighborhood. Pfizer worked with the New York City Housing Partnership to construct 280 homes for moderate-income families. The company also invested $8.2 million to renovate 400 apartment units around its plant for low- and moderate-income, and formerly homeless families. In addition, Pfizer has helped to increase personal security for employees and local residents by installing video cameras in the local subway stop, which are linked to the Pfizer guard stations.

In 1991, Pfizer's made another contribution to the Williamsburg area through donating a former administration building and $500,000 to start an innovative grade school called "Beginning With Children". Pfizer recently donated another building and an additional $750,000 to expand "Beginning With Children" to the eighth grade.

RESOURCES USED: Pfizer, Inc., and New York City Housing Partnership

RESOURCE REFERENCES: New York City Housing Partnership
Pfizer, Inc.

CONTACT: Pfizer Inc., Corporate Affairs Division
The Pfizer Foundation, Incorporated
235 East 42nd Street
New York, New York 10017-5755
212-733-4250

SOURCES:

Committee for Economic Development. 1995. *Rebuilding Inner-City Communities: A New Approach to the Nation's Urban Crisis* (New York, NY: Committee for Economic Development), p. 52.

Pfizer, Inc. 1999. *Philanthropy: Pfizer Inc. and the Pfizer Foundation Philanthropy Report/1999-2000.*

NAME: Project Vida (Community Health & Services Program)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: El Paso, TX

DESCRIPTION: Project Vida is a community-based organization and a network of private and public partnerships developed by residents in a Hispanic border community to improve their quality of life. The Project provides "one-stop shopping" for primary health care, education, and housing improvement. These services are provided in conjunction with a host of stores and businesses ranging from a food co-op to a thrift shop to a Christmas shop. Project Vida also has been instrumental in building 20 units of new affordable rental housing in the community and in discouraging gang activity in El Paso.

RESOURCES USED: Project Vida has an annual budget of $1.2 million. Ongoing core administrative support is provided by the Presbyterian Church (USA) and Cumberland Presbyterian Church (El Paso). Project Vida also receives grants and contracts from the Texas Department of Health, AmeriCorps (funded by the TxCVCS), El Paso Community Foundation, and the U.S. Maternal and Child Health Bureau, which supports its systems and organizational development as a Community Integrated Service Systems (CISS) project. A Community Development Block Grant (U.S. Department of Housing and Urban Development) has funded program development and additional construction. Project Vida also receives funding from other government and private sources.

RESOURCE REFERENCES:

AmeriCorps
    Texas Commission on Volunteerism and Community Service (TxCVCS)
City of El Paso
    Thomason General Hospital
County of El Paso
    Thomason General Hospital
El Paso Community Foundation
Federal Home Loan Bank Fund
Presbyterian Church (USA)
Texas Department of Health

U.S. Department of Health and Human Services
Health Resources & Services Administration
Maternal and Child Health Bureau
Community Integrated Service Systems (CISS) Project
U.S. Department of Housing and Urban Development
Community Development Block Grant (CDBG) Program

CONTACT:

Bill Schlesinger, Co-Director
Comprehensive Community Health & Services Program
Project Vida
3607 Rivera Avenue
El Paso, Texas 79905
915-533-7057

SOURCES:

Models That Work - 1996 Special Competition Winners from Health Resources and Services Administration's Website.

A Strategy Transfer Guide for Project Vida is made possible through the "Models That Work" Campaign, sponsored by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care.

NAME: RotaCare Free Clinics

PROGRAM TYPE: Improve Health

LOCATION: Morgan Hill, CA

DESCRIPTION: RotaCare Free Clinics were started in 1989 by members of Rotary Clubs in the San Jose, California area. The clinics operate in 10 sites and serve more than 12,000 people a year. The goal of the program is to provide free urgent health care to people with the least access to such services — e.g., the homeless, migrant workers, new immigrants, the uninsured, and the underinsured.

The RotaCare clinics develop partnerships with hospitals, county and nonprofit clinics, and physicians for referrals of clients whose illnesses they can not treat. Referrals also are made to social service agencies to meet food, housing, clothing, and other needs.

These clinics are housed in donated space in existing facilities that already serve local residents in need. For example, host facilities include homeless shelters, migrant worker centers, community service centers, senior centers, medical office buildings, hospitals, other community clinics, and churches. Clinics operate once a week for two to three hours and serve 15 to 40 patients per week. Volunteers typically work once every six to eight weeks. The cost to operate a clinic for one year is between $15,000 and $20,000, which translates into approximately $16 to $19 per patient including medications.

Each individual RotaCare clinic is managed by an administrative council that includes local business people — solicited through the Rotary Clubs — and medical professionals. The council provides long-term financial stability by spearheading fundraising efforts and providing entrepreneurial expertise to help operate and manage the clinic.

RotaCare Free Clinics can be duplicated in any community where Rotary Clubs are located. Materials on how to start a RotaCare free clinic are being developed through a Robert Wood Johnson Foundation Reach Out Project grant.

RESOURCES USED: The Robert Wood Foundation gave a 3-year Reach Out Project grant in 1996.

RESOURCE REFERENCES:

Robert Wood Johnson (RWJ) Foundation
Reach Out Project
Rotary Club (Morgan Hill, California)

CONTACT:

John Fisher/Jeanie W. Alexander
Extension Team
RotaCare Free Clinics
RotaCare International, Inc.
15650A Vineyard Boulevard
Suite 133
Morgan Hill, California 95037
408-683-2402

SOURCES:

Models That Work - 1996 Special Honorees from Health Resources and Services Administration's Website (http://bphc.hrsa.gov/mtw).

NAME: Rural Health Outreach Program

PROGRAM TYPE: Improve Health

LOCATION: Augusta, GA

DESCRIPTION: Located within Georgia's Health Sciences University in Augusta, the Medical College of Georgia sponsors a rural health outreach program that brings nurse-managed, family-centered health care to disadvantaged rural areas. The program links the university's school of nursing with clinics, hospitals, health and social service agencies, and community organizations to provide health care to the people in the rural areas.

A family health outreach center provides health screenings, education, counseling, and referrals; and two health clinics at Jefferson County High School offer healthcare screenings to adolescents. In addition, the program highlights many activities aimed at mothers and young children, including a maternal/infant care coordination program, a rural outreach resource mother's program, an outreach tele-electronic home visiting program, and a Jefferson Hospital prenatal center program.

RESOURCES USED: The partners involved in this program are: Jefferson Hospital, Jefferson County High School, Georgia Chapter March of Dimes, Georgia Indigent Care Trust Fund, Central Savannah River Area Rural Enterprise Community, Georgia Department of Community Health, Augusta State University, Georgia Southern University, Emory University, and the University of South Carolina.

RESOURCE REFERENCES:

Augusta State University
Emory University
Georgia Chapter of March of Dimes
Georgia Department of Community Health
Georgia Indigent Care Trust Fund
Georgia Southern University
Jefferson County (GA) High School
Jefferson Hospital (GA)
U.S. Department of Agriculture
Empowerment Zone (EZ)/Enterprise Community (EC) Initiative
Central Savannah River Area Enterprise
Community (EC)(GA)
University of South Carolina

CONTACT:

Nancy Williamson, Director
Rural Health Outreach Program
1120 15th Street
Augusta, Georgia 30912-7600
912-625-4005 or 1-800-326-7467

SOURCES:

U.S. Department of Housing and Urban Development. 1999. *University-Community Partnerships in America: Current Practices, Volume III* (Washington, DC: U.S. Department of Housing and Urban Development), p. 17.

NAME: South Madison Health and Family Center

PROGRAM TYPE: Improve Health

LOCATION: Madison, WI

DESCRIPTION: South Madison, a low-income, minority community, reports a higher incidence of infectious diseases, untreated diabetes, hypertension, and pediatric asthma than any other part of Madison, WI. To improve the health of the residents of South Madison, the Madison Health Department renovated an old bowling alley in the community to create a "one-stop" center — the South Madison Health and Family Center. The building houses Planned Parenthood, Head Start, the public library, Family Enhancement (a parenting and family resource center), the Dane County Health Department, and a city-supported community health clinic.

The Madison Health Department established a partnership with the University of Wisconsin-Madison under which the University provides the following: administrators to assist with the design and renovation project, financial assistance in the construction phase, and "deficit funding" to help the clinic meet its operating expenses. Physicians and nurses from the University of Wisconsin-Madison's medical and nursing schools also are used to staff the clinic. The community clinic in the Center, which is across the street from the university's medical clinic, provides care to patients that the university's clinic does not have the capacity to accommodate.

In addition to caring for patients, the Center's coordination office assists residents in navigating its system to access the services and programs offered, and provides support services such as translation. It also provides: outreach assistance, including home visits for patients who miss appointments or need follow-up; Center-wide and community-wide publicity and marketing for individual agency programs; and a central clearinghouse and resource inventory of health and human-service referrals.

RESOURCES USED: In 1995, the University of Wisconsin-Madison's hospital agreed to provide up to $30,000 a year for five years; the school of nursing agreed to contribute $10,000 a year for five years; and the unified faculty practice plan agreed to contribute up to $130,000 over three years. In return, the university would be able to use the clinic as a community-based training site for medical and nursing students, residents, and advanced practical nurses. The clinic also is a forum for conducting research, and is a source of specialist, diagnostic, and

inpatient referrals to the academic health center. It was agreed that all revenue generated by the practitioners at the clinic would remain with the clinic.

RESOURCE REFERENCES: University of Wisconsin-Madison

CONTACT:

Lucretia Sullivan-Wade
South Madison Health and Family Center - Harambee Office
2202 South Park Street
Madison, WI 53713
608-261-9139

SOURCES:

Lasker, Roz D. 1997. *Medicine and Public Health: The Power of Collaboration* (New York, NY: The New York Academy of Medicine), pp. 62-64.

NAME: Walk-In Health Screening Clinic/University of Toledo

PROGRAM TYPE: Improve Health

LOCATION: Toledo, OH

DESCRIPTION: Health problems plague low-income children and young adults living in Toledo and surrounding Lucas County. Toledo/Lucas County has Ohio's highest rates for new HIV infections and AIDS cases among 13-24-year olds, and the state's second highest teen birth rate. Lucas ranks in the top 10 among Ohio's 88 counties for the incidence of heart disease, cancer, perinatal conditions, suicide, congenital anomalies, chronic liver disease, and stroke. The incidence of death from these diseases is especially high in poverty-stricken neighborhoods such as Auburn-Delaware, Bancroft-Upton-Monroe (BUMA), and the Old Fairgrounds. To ameliorate these health conditions, the Community Outreach Partnership Center at the University of Toledo has established a walk-in health-screening clinic at the city's Monroe Street United Methodist Church. The clinic will serve as a teaching site for the University's Community Health course and will be staffed by medical professionals and up to 10 nursing and respiratory therapy students.

RESOURCES USED: The University of Toledo has received a Community Outreach Partnership New Grant for $399,650. Community partners — including the city of Toledo, the Lucas Metropolitan Housing Authority, a local bank, an insurance company, a local health care provider, and a church — will provide almost $700,000 in matching funds.

RESOURCE REFERENCES:

City of Toledo
Lucas Metropolitan Housing Authority
U.S. Department of Housing and Urban Development
Community Outreach Partnership Centers (COPC) Program
University of Toledo

CONTACT:

Dr. Kenneth Dobson
Economic Director
University of Toledo
Scott Park Campus/AS 205, 2801 W. Bancroft St.
Toledo OH, 43606
419-530-3280

SOURCES: Community Outreach Partnership Centers Grantees, Fiscal Year 1999 on the U.S. Department of Housing and Urban Development Website, http://www.oup.org/news/copc99.html (Accessed 11/00).

NAME:	Wellness Clinics for the Elderly
PROGRAM TYPE:	Improve Health
LOCATION:	Milwaukee, WI
DESCRIPTION:	Registered nursing students from Alverno College created and manage Saturday wellness clinics at Milwaukee's low-income housing projects for the elderly. The clinics, started in partnership with the Milwaukee Housing Authority, provide a wide range of services to participants. Elderly residents receive health screenings, private consultations regarding individual health concerns, and reviews of medication regimens. Students monitor both the psychosocial and physical needs of the elderly residents and provide health and wellness classes. In addition, students complete a community assessment of area health resources and needs, present their findings to the residents, and collaborate with the residents to develop solutions for their concerns.
RESOURCES USED:	Alverno College
RESOURCE REFERENCES:	Alverno College
CONTACT:	Judeen Schulte, Chair of the Division of Nursing Alverno College 3400 South 43rd Street P.O. Box 343922 Milwaukee, Wisconsin 53234-3922 414-382-6271
SOURCES:	U.S. Department of Housing and Urban Development. 1999. *University-Community Partnerships in America: Current Practices, Volume III* (Washington, DC: U.S. Department of Housing and Urban Development), p. 5.

NAME: Westside Health Authority (WHA)

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Chicago, IL

DESCRIPTION: Westside Health Authority (WHA), founded in 1988, is a coalition of community-based groups whose mission is to reconnect neighbors to neighbors, in the 68-block Austin area, through health promotion, economic development, youth organizing, and neighborhood development.

In 1990, WHA spearheaded the community's effort to raise money to purchase the closed St. Anne's Hospital. The first $40,000 came from the community itself, paving the way for a subsequent $3 million investment, including an Opening Doors grant from the Robert Wood Johnson Foundation. These funds were used to convert the vacated hospital building into a multiplex including a bank, a community health center, a drug store, a day care center, a substance-abuse treatment program, a job-training program, and a Cook County Hospital clinic.

In 1999, the Westside Health Authority launched a campaign to build the Austin Wellness and Education Center, a community health and employment training center. The Austin Center will bring primary health care, social service programs, and computer training together in a service model convenient for community residents. The Center will have linkages to specialty inpatient services at Cook County Hospital and Loretto Hospital. The Technology Center will provide training and support for community residents. Patients will be able to enhance their medical outcomes by reviewing health information. Other users will be able to access jobs, business, educational and other non-health related opportunities.

In addition to the construction and redevelopment of these multiplex centers, in August 1997, with support from Chicago's Empowerment Zone, Westside Health Authority launched the Neighborhood Business Development Network. The Network promotes business firms on Chicago's West Side by connecting them to procurement opportunities in hospitals serving West Side residents. WHA has identified more than fifty such companies that can sell goods and services to hospitals, and the Neighborhood Business Development Network presently represents about twenty of these companies. Westside Health Authority staff bring these local business owners or managers to the table to talk to hospital purchasing decision makers. Then WHA monitors the

results, helping to promote relationships, when needed. Rebuilding a base of viable local businesses that bring in dollars from the larger economy has enhanced the fiscal health of Chicago's West Side neighborhoods.

RESOURCES USED:

St. Anne's Project: The first $40,000 came from the community and the subsequent $3 million investment came from private and public funding, including a RWJ Foundation Opening Doors grant.

Austin Center Project: Similar to the St. Anne's Project, local residents, community organizations, city officials, churches, and businesses are contributing by raising $100,000 for the project. Eighty percent of the project costs are covered with a mixture of state and federal funds. The additional funding is being sought through corporations, foundations, and individuals. The Chicago Community Trust leads the private sector effort with a $500,000 gift.

Neighborhood Business Development Network: With a grant in 1997 from Chicago's Empowerment Zone, the WHA has been able to organize 22 face-to-face meetings between administrators in local health care institutions and prospective vendors from Chicago's West Side.

RESOURCE REFERENCES:

Chicago Community Trust
Henry J. Kaiser Family Foundation and Robert Wood Johnson (RWJ) Foundation
Opening Doors Program
U. S. Department of Housing and Urban Development
Chicago Empowerment Zone (EZ) (IL)

CONTACT:

Janet Hamada, Associate Director
Westside Health Authority
5437 W. Division Street
Chicago, Illinois 60651
773-378-0233

"A Case Study in Community Empowerment: Westside Health Authority" *Opening Doors: Reducing Sociocultural Barriers to Health Care* Fall 1996, pp. 6-7.

WHA News — The Westside Health Authority's Quarterly Newsletter (Spring 2000).

Unpublished materials from the Westside Health Authority received August, 2000.

NAME: Worcester Medical Center

PROGRAM TYPE: Improve Health and Enhance Economic Status

LOCATION: Worcester, MA

DESCRIPTION: In the early 1990s, the city of Worcester, the Fallon Healthcare System, and Saint Vincent Hospital collaborated to develop the Worcester Medical Center, which became the centerpiece of the city's downtown revitalization efforts. The City of Worcester paid to clean up the contaminated site where the Center would be built, and Saint Vincent and Fallon developed plans for the medical complex.

Before the construction of the Medical Center, Saint Vincent and Fallon partnered with OrNda HealthCorp. The partnership called for OrNda to purchase Saint Vincent Healthcare Systems and its subsidiaries. In 1997, OrNda merged with Tenet HealthSystems, making it the new owner of the Worcester Medical Center project.

The process of revitalizing the area where the Medical Center is located included cleaning up 24 acres of land that had been contaminated with trichloroethylene (TCE), demolishing old buildings, and removing hazardous materials. It is estimated that the construction of the Medical Center employed over 1,000 workers.

In April 2000, the Worcester Medical Center opened. It consists of an acute care hospital, outpatient facilities, medical offices, and retail space. It serves the residents of the city of Worcester and thirty surrounding central Massachusetts towns, and is easily accessible by public transportation. The Center is expected to relocate 2,400 jobs and attract 1.5 million visitors to the area annually; in addition, 100 new permanent jobs are estimated to be created. The director of the Worcester Redevelopment Authority anticipates that the Medical Center Project will generate $875 million in total direct economic impacts in its first 10 years of operation.

RESOURCES USED: The City of Worcester's Redevelopment Authority (WRA) paid to clean up the site where the Medical Center was developed, and the Massachusetts Department of Environmental Protection (DEP) worked closely with WRA to monitor the cleanup efforts. The Worcester Medical Center leases the retail and medical office space to cover its operational costs.

RESOURCE REFERENCES:

City of Worcester Redevelopment Authority (WRA)
Fallon Foundation
Saint Vincent Hospital

CONTACT:

Paula Green
Worcester Medical Center
Worcester, Massachusetts
508-363-6003

SOURCES:

Amanda Munroe, "Worcester Medical Center: A Stunning Brownfields Success Story," 1999. *VHBSiteworks: News, Opinion, and Resource Information on the Economic Redevelopment of Environmentally Impaired Properties* Vol. 2, No. 8, pp. 1, 4 -5.

Worcester Medical Center (Tenet Healthcare Foundation) Website (http://worcestermedcenter.com), accessed on 10/23/00.

See also "Brownfields National Partnership and Showcase Communities" for information about other projects developed in brownfields.

AMERICORPS

AmeriCorps is a national service organization meant to resemble a domestic Peace Corps. The AmeriCorps national service network includes AmeriCorps State and National programs, Indian Tribe and U.S. Territory programs, Education Awards Programs, AmeriCorps Promise Fellows, AmeriCorps VISTA, and AmeriCorps NCCC. Participants in these programs engage in various community service improvement projects in return for educational awards. AmeriCorps is one of three major service initiatives through which the Corporation for National Service works. The Corporation for National Service works with governor-appointed state commissions, local and national nonprofits, faith-based groups, schools, and other civic organizations to provide community service opportunities.

In Texas, two-thirds of AmeriCorps grants are made by the **Texas Commission on Volunteerism and Community Service (TxCVCS)**. The Texas Commission on Volunteerism and Community Service empowers Texans of all ages to engage in voluntary service to their communities, through initiatives such as Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*) The TxCVCS encourages the use of service and volunteerism to meet real community needs. The AmeriCorps program is TxCVCS's largest funding initiative. TxCVCS serves as liaison to the federal Corporation for National Service to ensure that Texas receives funding available under the National and Community Service Trust Act of 1993.

The **Tennessee Commission on National and Community Service** is a 25-member bipartisan citizen board appointed by the state's governor to oversee AmeriCorps and other service learning programs, and to advance volunteers and citizen service to solve community problems in the state. In Tennessee, AmeriCorps members are involved in a variety of activities, such as preventing child abuse, encouraging environmental education, and initiating an after-school mentioning program for children in urban schools. One example of this is AmeriCorps members' participation in the Maternal and Infant Health Outreach Worker Project (MIHOW) at Vanderbilt University. (*See Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*)

Eligibility Criteria

TxCVCS supports Texas communities in initiating or maintaining existing service projects that may be funded as AmeriCorps programs. Organizations that are eligible to apply for funds through state AmeriCorps programs include non-profit organizations, school districts, community-based organizations, institutions of higher education, and state and local governments. Partnerships of several community stakeholders are often the strongest applicants. National non-profit organizations that operate in two or more states must apply for national AmeriCorps funds.

Proposals in either state must show that AmeriCorps members will be utilized to address

community needs through a direct service to community members. AmeriCorps programs must demonstrate measurable impacts on service recipients, communities, and AmeriCorps members. Strong objectives are critical in the selection and funding of AmeriCorps proposals. For example, a compelling impact objective for improving health care access in a given community would be to open three new health care facilities during the upcoming year.

Funds Available

Both the national program and the state programs have cash matching requirements for the funds they award. TxCVCS awarded more than $16 million for new and continuing AmeriCorps programs in the 2001-2002 program year. In past years, awards have ranged from $100,000 to nearly $2 million. The average TxCVCS grant in 2001-2002 was nearly $467,000. Contact the Tennessee Commission for information about awards in that state.

Other Information

Corporation for National Service
(202)606-5000, ext. 163

or visit the AmeriCorps website at http://www.americorps.org.

Texas Commission on Volunteerism and Community Service
P.O. Box 13385
Austin, TX 78711-3385
Phone: (512) 463-1814 or 1-800-489-2627
Fax: (512) 463-1861
americorps@twc.state.tx.us
http://www.txserve.org/txcvcs/programs/americorps/state_programs.html

Tennessee Commission on National and Community Service
William Snodgrass TN Tower
312 8th Avenue North
Nashville, TN 37243

If you have questions, contact:

Rayna Coe Jenkins
rcoe@mail.state.tn.us

For questions regarding the AmeriCorps application, contact:

Jim Snell, Tennessee AmeriCorps Program Officer
(615) 253-1426

ANCHOR HEALTH PROPERTIES, LLC

Anchor Health Properties, LLC, is a firm based in Wilmington, DE, which has created retail centers for more than forty years. The firm currently focuses on developing Wellness Place® sites, which are hospital-sponsored outpatient facilities with related and complementary retail and food businesses. (*See Anchor Health Properties/Doylestown Hospital Health and Wellness Center, Anchor Health Properties/Mercy Wellness Center, and Anchor Health Properties/Wellness Place® in Trexlertown Mall in Program Pages.*) The goal of each Wellness Place® is to provide a "multi-dimensional, community-based presentation of healthcare."

Anchor Health Properties provides all the services necessary for the planning and development of each Wellness Place® and is the owner and manager of each project on an ongoing basis. The hospital occupies its space under a lease arrangement, thereby developing a new ambulatory facility "off-balance sheet," which frees up capital for other uses.

Eligibility Criteria

Only viable retail locations are selected for Wellness Place® projects, to guarantee that the retail and medical elements are able to stand on their own.

Development/Funding Process

The design of each Wellness Place®, from its entrance to the public spaces, reflects the community in which it is built. Sometimes it is necessary for Anchor to undertake new construction; however, existing facilities also have been reused. Wellness Place projects typically range from 50,000 to 150,000 square feet, depending on the healthcare offerings, as well as the number of stores and eateries.

The leasing and merchandising of each Wellness Place® caters to its user group. Since the services within the healthcare component vary from one Wellness Place® to another, depending on the "customer" base, special care is taken to lease the retail so that both the healthcare and retail uses are compatible. At one Wellness Place®, for example, the emphasis might be on child-related retail goods and services, to complement the pediatric medical services provided.

Kimco Realty Corporation has provided venture capital for some of these developments. (*See also Corporations in Resource References.*)

Other Information

For additional information contact:

Louis S. Sachs, President
Anchor Health Properties
2000 Pennsylvania Avenue
Wilmington, DE 19806
302-655-1010
www.anchorhealthproperties.com

BROWNFIELDS ECONOMIC REDEVELOPMENT INITIATIVE

Brownfields are sites that were once used for industrial or commercial purposes, but have since been abandoned, and also may be contaminated with hazardous materials from their previous usage (NACCHO 2000). Because lenders, investors, and developers fear that acquiring and reusing these sites may make them liable for cleaning up contamination they did not create, they are reluctant to develop these sites. The result can be blighted areas with abandoned industrial facilities that create safety and health risks for residents of nearby communities, who also may experience high unemployment rates as a result of the closing of the industrial/commercial facilities. (*See Brownfields National Partnership and Showcase Communities in Program Pages for examples.*)

To spur the cleanup and redevelopment of brownfields in distressed urban and rural areas, tax incentives were made available in 1997 under the Taxpayer Relief Act (P.L. 105-34). The Act makes environmental cleanup costs for properties in targeted areas fully deductible from income in the year in which they are incurred, rather than having to be recouped over time. The U.S. Environmental Protection Agency (EPA) also provides technical assistance to states as they implement the tax incentive.

In conjunction with the brownfields tax incentives, the **Brownfields Economic Redevelopment Initiative (BERI)** was launched in early 1995 to empower states, communities, tribes, and other stakeholders in economic redevelopment to work together in a timely manner to prevent, assess, safely clean up, and reuse brownfields (NACCHO 2000). The EPA directs and/or funds the four major activities of the Initiative — Assessment Demonstration Pilots program, Clarification of Liability Issues, Partnerships and Outreach, and Workforce Development.

A. Assessment Demonstration Pilots Program

The Assessment Demonstration Pilots explore innovate strategies to solve brownfields problems, and provide a growing knowledge base to help direct the BERI. These pilots test model redevelopment efforts at removing regulatory barriers, and bring together community groups, investors, lenders, and developers to address the problems associated with brownfields in communities.

EPA also created the Targeted Brownfields Assessments (TBA) program, which is designed to help states, tribes, and municipalities — especially those without EPA Brownfields Assessment Demonstration Pilots — minimize the uncertainties of contamination often associated with brownfields. Under the TBA program, EPA provides funding and/or technical assistance for environmental assessments at brownfields sites throughout the country (NACCHO 2000).

B. Clarification of Liability Issues

EPA has developed a number of tools to address the liability concerns of lending institutions, municipalities, property owners, developers, and prospective purchasers. These include providing prospective purchasers a covenant not to sue for existing contamination and issuing "comfort letters" to parties to clarify the Agency's involvement at a particular site. In addition, EPA has archived more than 31,000 sites from the Superfund site inventory (CERCLIS), indicating that there is no further federal Superfund interest and thereby removing the stigma of potential contamination and liability associated with these sites.

C. Partnerships and Outreach

EPA builds partnerships with other federal agencies, states, tribes, cities, and other organizations to ensure a coordinated approach to addressing brownfields. For example, EPA launched the **Brownfields National Partnership** — a landmark effort to improve communities by building partnerships between public and private organizations to link environmental protection with economic development and community revitalization. In May 1997, the Partnership announced a two-year Action Agenda, including more than 100 commitments representing in excess of $300 million invested in brownfields. In March 1998, the National Partnership designated 16 Brownfields Showcase Communities that will serve as models to demonstrate the benefits of collaborative activity on brownfields. (*See Program Pages.*)

D. Workforce Development

EPA works with community colleges and other entities to foster workforce development in brownfields communities through environmental education, recruitment of students from disadvantaged communities, and quality worker training. EPA has awarded 37 Job Training and Development Demonstration Pilots since fiscal year (FY) 1998. The goals of the Job Training Pilots are to facilitate cleanup of brownfields sites and to prepare trainees for employment in the environmental field.

Funding Information

EPA funds *assessment demonstration pilot programs* (each funded up to $250,000 over two years), to assess brownfields sites and to test cleanup and redevelopment models; *job training pilot programs* (each funded up to $200,000 over two years), to provide training for residents of communities affected by brownfields to facilitate cleanup of brownfields sites and prepare trainees for future employment in the environmental field; and, *cleanup revolving loan fund programs* (each funded up to $1 million over five years) to make loans for the environmental cleanup of brownfields. These pilot programs are intended to provide EPA, states, tribes, municipalities, and communities with useful information and strategies as they continue to seek new methods to promote a unified approach to site assessment, environmental cleanup, and redevelopment. For example, under the Brownfields Cleanup Revolving Loan Fund

(BCRLF) Demonstration Pilot program, EPA provides financial assistance to an eligible entity (e.g., a municipality) to establish a revolving loan fund to be used to make loans for authorized purposes (i.e., brownfields cleanups). This revolving loan fund uses loan repayments to make new loans for the same authorized purposes. EPA awarded 23 BCRLF Pilots in FY 1997, each funded at $350,000, with 7 pilots selected to receive up to $150,000 in supplemental funding. In FY 1999, EPA awarded 45 BCRLF Pilot grants of up to $500,000 each; 37 BCRLF Pilot grants in the same amount were awarded in FY 2000. In addition, supplemental funding (ranging from $250,000 to $500,000) was awarded to three of the existing pilots in FY 2000. For FY 2001, 22 new BCRLF pilots and 3 grants for existing coalitions were awarded, for a total funding of $26 million. Each selected entity was eligible for an award of up to $1 million.

Eligibility Criteria

For information about eligibility criteria and the application process contact the EPA at 1-800-424-9346 or at http://www.epa.gov/swerosps/bf/applicat.htm.

Other Information

For additional information on EPA's Brownfields Economic Redevelopment Initiative, visit the EPA Brownfields website at http://www.epa.gov/brownfields/.

CITY GOVERNMENTS

Nearly all city governments offer programs designed to encourage economic vitality and to improve public health, yet these programs differ greatly by municipality. Contact your city government to find out about available funding opportunities. The following are some examples of city governments at work to improve the economic and health conditions of their citizens.

Baltimore (MD). The **Baltimore Development Corporation (BDC)** is a nonprofit corporation chartered by the City of Baltimore to act as the city's economic development agent and provide development assistance to new and expanding companies. In addition to working with new and existing employers in the city, BDC also assists federally funded projects, such as Empowerment Zones, Enterprise Communities, and Brownfields projects. (*See Empowerment Zone (EZ)/Enterprise Community (EC) Initiative in Resource References. Also see Brownfields Showcase Community: Baltimore in Program Pages.*) Information on BDC's specific activities can be obtained at their website at: http://www.baltimoredevelopment.com.

In addition to the work of the BDC, several of the departments of the Baltimore municipal government share many of the goals of the federal Brownfields Redevelopment Initiative. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) For example, the **Department of Housing and Community Development** ensures access to adequate and affordable housing opportunities. The **Department of Public Works** provides public services, including waste disposal and recycling, for the residents of Baltimore. The **Planning Department** is responsible for directing the development of the city. All departments work to provide a safe, clean, and healthy environment in which to live, as well as to ensure a high quality of life, for all the city's residents. For more information on the services offered by the Baltimore city government, visit their website at: http://www.ci.baltimore.md.us/.

Camden (NJ). In order to address the health needs of its community, the **Camden Board of Education** has teamed with other local organizations to participate in the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative in Program Pages.*) The Board of Education can be contacted by calling: (856) 966-2000.

El Paso (TX). **Thomason General Hospital**, jointly operated by the city and the county, has been central to the effort to provide health care services to the medically underserved in El Paso. For instance, it has partnered with organizations and government departments to participate in Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*) More information is available at the city of El Paso's website at: http://www.ci.el-paso.tx.us.

Florence (AL). The **Florence Housing Authority** provides safe, decent, and affordable housing to low-income families in the city. The Authority has a total of 664 public housing apartments, and a Section 8 Existing Housing Program with 581 vouchers and certificates currently under contract. The Authority assists nearly 3,000 people, approximately 8 percent of

Florence's population. The Authority also supports the Northwest Alabama Community Health and Dental Clinic. (*See Northwest Alabama Community Health and Dental Clinic/Northwest Alabama Community Health Association in Program Pages.*) Although chartered by the State of Alabama, the Authority is a federally funded entity. More information on the Florence Housing Authority and the services it provides is available on its website at: http://www.flohousing.org.

Kansas City (MO). Several sources of federal funding are available to city governments for community improvement projects. For instance, **Kansas City, Missouri** uses funds from a Community Development Block Grant (CDBG) to pay off the expenses incurred during the construction of the Swope Parkway Medical Center, a facility which provides health services to the medically underserved of the city. (*See Model Cities Health Corporation/Swope Parkway Health Center in Program Pages. See also Community Development Block Grant (CDBG) Program in Resource References.*) More information on funding opportunities from the city is available on their website at: www.kcmo.org.

New York City (NY). The **New York City Housing Partnership**, one of the nation's largest producers of affordable housing, is a subsidiary of the New York City Partnership. The Housing Partnership works with local communities and businesses, and uses state and federal funds, to construct affordable housing across the city. (*See Pfizer, Inc., in Program Pages.*) For example, The Neighborhood Entrepreneurs Program engages local businesses in the creation of affordable housing by restoring city-owned buildings that have fallen into disrepair. For more information about the New York City Housing Partnership and its programs, visit the New York City Partnership website at: http://www.nycp.org.

Richmond (VA). The **City of Richmond** is devoted to meeting the various needs of its community with departments such as economic development, public health, recreation and parks, and social services, as well as agencies such as the **Richmond Redevelopment and Housing Authority (RRHA)**. Although virtually all city departments and agencies work with the East District Initiative (EDI), these departments have played key roles in improving the quality of life for residents of Richmond's East End. (*See East End Partnership with Families (EEPWF) in Program Pages.*)

The **Department of Economic Development** provides several services dedicated to furthering the city's economic development goals and to meeting the needs of businesses — both large and small. The Department staff assists businesses by helping them to acquire sites and loans, and by providing other incentives for their local investments. Also concerned with economic development, the RRHA (established by the Richmond City Council) works to provide and preserve quality affordable housing, as well as to promote self-sufficiency, economic independence, and homeownership among the city's residents. To revitalize Richmond's neighborhoods and improve the quality of life for its residents, the RRHA strives to change the character of publicly developed and supported housing so that it blends in with private market housing. The RRHA also serves as the principal catalyst for commercial

development as part of neighborhood revitalization.

Among the duties of the **Department of Public Health** are ensuring clean air and water, inspecting restaurants for cleanliness, stopping the spread of infectious disease, promoting the benefits of healthy living, reducing infant mortality, preventing lead poisoning, and decreasing rates of teen pregnancy and STDs. The staff of the **Department of Recreation and Parks** maintains city owned public recreation facilities and parks. They also work with residents who use the recreation centers throughout the city. The duties of the **Department of Social Services** include helping citizens meet basic financial need and working toward independence and success. Major program areas of the department are: Child and Family Services, Employment Services, Financial Assistance, and Fraud Investigation. For more information about Richmond and the services it provides its constituents, visit the city's site at: www.ci.richmond.va.us. For a complete description of RRHA, visit its site at: http://www.rrha.org.

Seattle (WA). In conjunction with King County (WA), the **City of Seattle** established the King County/Seattle Brownfields Program to stimulate private investment in brownfields redevelopment in the county. (*See Brownfields Showcase Community: Seattle/King County in Program Pages.*) The program is based on the state's 1990 Growth Management Act and the efforts of the Duwamish Coalition, which addressed the difficulties encountered with redevelopment in the Duwamish Industrial Corridor. For more on the King County/Seattle Brownfields Program, including information regarding the application process and types of assistance available, visit the program's website at: http://www.metrokc.gov/exec/orpp/brownfields/background.htm.

Toledo (OH). The **City of Toledo** has partnered with the University of Toledo, and other public and private organizations, in order to revitalize economically disadvantaged areas of the city and improve the quality of life of its citizens. One result of the city's involvement is the establishment of a walk-in health-screening clinic within a local church. (*See Walk-In Health Screening Clinic/University of Toledo in Program Pages.*) More information about the nature and extent of the city's community involvement is available at its website at: http://www.ci.toledo.oh.us.

Vancouver (WA). The **City of Vancouver** has taken an active role addressing the health problems faced by its citizens through its involvement the Community Choices 2010 (CC 2010) program. (*See Community Choices 2010 (CC 2010) in Program Pages.*) For more information about Vancouver, visit its website at: http://www.ci.vancouver.wa.us.

Worcester (MA). The **Worcester Redevelopment Authority** has helped to establish the Worcester Medical Center as part of the city's downtown revitalization project. (*See Worcester Redevelopment Authority in Program Pages.*) The Redevelopment Authority can be contacted at: (506) 799-5500.

COLLEGES AND UNIVERSITIES (PRIVATE NOT FOR PROFIT)

Although private colleges and universities receive financial support from private sources (such as religious institutions) in addition to the funds they get from alumni, and students' tuition, many private institutions take a "broader than private" view of their missions. They instruct their students not only in academic subjects, but also in service to the community. Often a college within a university or a department within a college will undertake community service projects that match their specialties, such as nursing faculty and students staffing clinics for the medically underserved. Examples of private colleges and universities that participate in projects to improve the economic and health status of their surrounding communities follow.

Alverno College. **Alverno College** is a four-year liberal arts college for women in Milwaukee, WI. Internationally-renowned for its ability-based curriculum, the school enrolls 2,200 students in weekday and weekend programs. The mission of the Division of Nursing at Alverno College is to prepare professional practitioners who are committed to meeting the health needs of people of all ages. In support of the Alverno College mission, the Division of Nursing faculty work in partnership with health care institutions and professional organizations in the community so that the nursing curriculum effectively prepares women for the professional nursing practice. One example of this is the creation of wellness clinics by the registered nursing students at the college for elderly residents of low-income housing projects. (*See Wellness Clinics for the Elderly in Program Pages.*) For more information about the college and its nursing program, visit its website at: http://www.alverno.edu.

Emory University. **Emory University** was established by the Methodist Church in 1836. Today Emory University is home to nine major academic divisions, numerous centers for advanced study, and several affiliated institutions. Emory University's mission is to help students develop their intellectual and moral capacities through teaching, and, through the quest for new knowledge and public service, to improve human well-being. Illustrative of the school's dedication to public service is its participation in the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) More information regarding Emory University is available at its website at: http://www.emory.edu.

Hawaii Pacific University. Founded in 1965, **Hawaii Pacific University (HPU)** is the state of Hawaii's largest private institution of higher education. Its Nursing Division partners with local community organizations and the Waikiki Health Center to provide health care for the medically underserved in areas of Hawaii. (*See Ho'ola Like Project in Program Pages.*) More information about HPU is available at: http://web1.hpu.edu.

Vanderbilt University. **Vanderbilt University** is a comprehensive research university in Nashville, TN, providing innovative programs, state-of-the-art facilities and a supportive environment for interdisciplinary learning. The University is also committed to service to the community and to society. The **Center for Health Services (CHS)** at Vanderbilt University operates a group of community service projects whose goal is to support people working at the

grassroots level to take control of their physical, social, political, and environmental health. Currently, the Center's three main projects are the Student Health Coalition, the Service Training for Environmental Progress Project, and the Maternal and Infant Health Outreach Worker (MIHOW) Program. (*See Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*) More information about Vanderbilt University is available at its website at: http://www.vanderbilt.edu. For more information about the Center for Health Services (CHS) and the MIHOW program, visit the Center's website at: http://www.mc.vanderbilt.edu/chs.

COLLEGES AND UNIVERSITIES (PUBLIC)

A public college or university is funded by the government of the state in which it is located in order to provide the citizens of that state with an affordable source of post-secondary education. In addition to educating students, public colleges and universities also seek to engage their students in public service to better their surrounding communities, and in many cases to improve the health of their residents. Examples of public colleges and universities that perform these functions follow.

Augusta State University. Located in Augusta, Georgia, **Augusta State University** offers its students and faculty opportunities to participate in many community outreach programs, for example, Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) Visit the university's website at: www.aug.edu for more information.

Board of Regents of the University System of Georgia. One of the purposes of the **Board of Regents of the University System of Georgia** is to remain responsive to the state's educational, economic and health care needs. The "Program Collaboration" special funding initiative, which supports the Mobile Nursing Clinic operated by South Georgia College, is one example of this responsiveness. (*See Mobile Nursing Clinic (The Nightingale) in Program Pages.*) For more information on other funding initiatives offered by the Board of Regents, visit their website at: www.usg.edu.

Georgia Southern University. Located in a predominately rural area, **Georgia Southern University** is committed to the economic development, community needs, and health of South Georgians, as illustrated by its participation in the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) More information is available at: http://www.gasou.edu.

Morgan State University. **Morgan State University** is involved with the local community in several ways. Students and faculty participate in several programs to improve public and environmental health in Northeast Baltimore through the university's Office of Community Service. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) For more information see the Morgan State University website at: http://www.morgan.edu.

Rowan University. **Rowan University** (formerly Glassboro State College) is located in southern New Jersey, between Philadelphia and Atlantic City. The University has a long history of community service, opening in 1935 one of the first clinics for reading disabilities in the country. The University has several community outreach and public service programs, including the Urban and Public Policy Institute, which operates the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative in Program Pages.*) Visit the Rowan University website for more information (http://www.rowan.edu).

Thomas Edison State College. **Thomas Edison State College** was created by the State

of New Jersey to provide high-quality, accessible educational opportunities for adults. The college offers an Associate in Sciences degree for Public and Social Services to local community leaders. Additionally, the college is home to the John S. Watson Institute for Public Policy, which provides public policy analysis and other assistance to government, community groups, and the private sector, for example, brownfields redevelopment efforts in Trenton. (*See Brownfields Showcase Community: Trenton in Program Pages.*) More information about the Thomas Edison State College is available at their website at: http://www.tesc.edu.

University of North Alabama (Florence). The **University of North Alabama** seeks to prepare its students to make a positive contribution to their communities. For example, the College of Nursing teamed with other local resources to establish a health clinic for the medically underserved of Florence, Alabama. (*See Northwest Alabama Community Health Clinic/Northwest Alabama Community Health Association in Program Pages.*) For more information, visit the university's website at: http://www.una.edu.

University of South Carolina. The **University of South Carolina** is dedicated to using research to improve the quality of life for South Carolinians, as well as to performing community service in areas such as public health, education, social issues, economic development, and family support systems. The College of Nursing is home to the Center for Health Promotion and Risk Reduction in Special Populations, which focuses on certain South Carolina populations, including rural residents, through programs such as the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) More information about the university's programs is available at: http://www.sc.edu.

University of Toledo. As one of the largest state schools in the country, the **University of Toledo** provides research, advising, and support services, as well as a foundation of liberal education to the students enrolled in its academic programs. Additionally, the University is dedicated to serving the urban region in which it is located with outreach initiatives, research projects, continuing education programs, and economic development support, as illustrated by its participation in the Walk-In Health Screening Clinic. (*See Walk-In Health Screening Clinic/University of Toledo in Program Pages.)* More information regarding the University of Toledo is available at its website at: http://www.utoledo.edu.

University of Wisconsin-Madison. The **University of Wisconsin-Madison** is administered under the Wisconsin Idea — that every household in the state should benefit from the university's influence. Accordingly, the university has many community outreach programs, including community partnerships, continuing education, and business resources. For example, staff from the University's medical and nursing schools staff the South Madison Health and Family Center. (*See South Madison Health and Family Center in Program Pages.*) For more information, visit the university's website at: http://www.wisc.edu.

Virginia Commonwealth University (VCU). **Virginia Commonwealth University (VCU)**, located on two campuses in Richmond, Virginia, provides students the opportunity to

combine academic and real-world education, and allows them to set their own educational goals. Since its founding in 1779, the faculty and administration have been committed to students who want to be a part of a leading, dynamic university. As a Carnegie Research University, VCU is one of the three largest research doctoral institutions in the Commonwealth of Virginia. Sixteen of its graduate, professional programs are ranked by *U.S. News and World Report* as among the best in the nation. VCU's Medical College of Virginia (MCV) Campus is now one of the most comprehensive academic health centers in the nation, complementing their nationally ranked School of the Arts, School of Social Work, and other schools and programs. The **Center for Public Policy** at VCU houses the **Grace E. Harris Leadership Institute**. *(See East End Partnership with Families (EEPWF) in Program Pages.)* For more information about the University, visit its site at: http://www.vcu.edu.

Wayne County Community College District. Founded more than 30 years ago, the **Wayne County Community College District (WCCCD)** is an extensive educational resource for the residents of Wayne County, MI, and other Michigan communities. *(See the New Beginnings Program in Program Pages.)* At its five different campuses and numerous outreach centers throughout the County, the school fulfills its mission to promote the educational, cultural, and economic development of its community by providing quality education. It prides itself on being an affordable, comprehensive, contemporary institution, that is both urban and suburban, as well as multicultural. For more information about the college, visit its website at: http://www.wccc.edu/.

COMMUNITY-BASED AND COMMUNITY DEVELOPMENT ORGANIZATIONS

The need for agents to foster community economic development became apparent in the 1960s in the wake of disinvestment in inner-city areas, as businesses and people moved to the surrounding areas. Today, as many as 5,000 community development corporations serve as agents of change for the renewal of their communities. Though they may vary in size and function, they all do the following: 1) operate within recognized geographic boundaries, i.e., a neighborhood; 2) represent the residents of that neighborhood; 3) participate in housing and/or economic development projects to strengthen or rebuild their local community economies; and 4) advocate for assistance from public and private entities. Examples of specific community-based and community development organizations follow.

Camden Development Collaborative (NJ). The **Camden Development Collaborative** is a consortium of funders that provides operating support and technical assistance to build the capacity of local community-based organizations, such as the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative/Rowan University in Program Pages.*) The Collaborative may be reached by calling: (856) 225-1441.

Chicago Association of Neighborhood Development Organizations (CANDO). The **Chicago Association of Neighborhood Development Organizations** is a coalition of community development corporations and other community-based organizations that promote commercial and industrial revitalization in Chicago's neighborhoods. CANDO provides many services to its members, such as site assistance and planning, neighborhood marketing, nonprofit organization support and assistance, small business development and support, advocacy support, and access to experts. For instance, CANDO's Brownfields Pre-development Initiative provides technical and financial assistance to community-based organizations within the Chicago Empowerment Zone and Enterprise Community to perform market analysis, and Phase I and Phase II analysis, on select sites. (*See Brownfields Showcase Community: Chicago in Program Pages.*) CANDO is working with community-based organizations to identify sites in their neighborhoods, research ownership, and devise redevelopment strategies. For more information on CANDO's activities, including information on becoming a member organization, visit the CANDO website at www.candochicago.org.

Isles, Inc. **Isles Inc.,** was begun in 1980 as a seminar by students at Princeton University. Today, Isles is a non-profit community development and environmental organization supporting self-sufficiency for families and sustainability of communities. Rather than delivering services, Isles provides tools to community service organizations to expand their existing capacities to serve individuals and families in low-income communities. Isles organizes its activities into the following six program areas: community building, affordable housing, YouthBuild job training, community gardens and farm, environmental education, and environmental health and urban brownfields. Results of Isles' activities include aid to more than 500 families through Isles' Urban Brownfields Remediation program. (*See Brownfields Showcase Community: Trenton in Program Pages.*) Isles Inc., has an operating budget of $1.5 million. More detailed

information about Isles Inc., and its community development activities is available at: http://www.isles.org.

Jubilee Baltimore. **Jubilee Baltimore** is a non-profit developer that helps low-income people acquire jobs that pay living wages. In particular, Jubilee Baltimore emphasizes job placements in the Baltimore mass transit system, because these jobs are readily accessible to low-income adults who may not own cars. Jubilee Baltimore also works to provide decent, affordable housing for the poor and elderly, and works with local community organizations to build safe, stable, historic neighborhoods in Baltimore, MD. In recent years Jubilee has partnered with other community organizations and local government as part of the Baltimore Brownfields Initiative. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) More information is available by contacting the organization at: (410) 327-7373.

Southeast Community Organization (SECO) (Baltimore, MD). The mission of the **Southeast Community Organization (SECO)** is to build community by developing strong leadership and neighborhood solutions for the residents of southeast Baltimore. SECO is one of several community development organizations participating in the Baltimore Brownfields Initiative. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) For more information, contact SECO at: (410) 327-1626.

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

For 25 years the **Community Development Block Grant (CDBG) Program** has provided communities with flexible funding for thousands of community development and revitalization projects. The primary objective of the CDBG Program is the development of viable communities by providing decent housing and a suitable living environment, and expanding economic opportunities, for low- and moderate-income people. The CDBG Program focuses on expanding the country's affordable housing supply — i.e., one-third of program expenditures is dedicated to rehabilitation and other housing activities. However, the CDBG Program funds a diverse group of entities for various activities (e.g., revitalizing neighborhoods, expanding affordable housing and economic opportunities, and/or improving community facilities and services). (*See, for example, the following Program Pages: Brownfields Showcase Community: Dallas, East End Partnership With Families (EEPWF),* and *Model Cities Health Corporation/Swope Parkway Health Center.*)

Eligibility Criteria

Eligibility criteria for CDBG Program funds are dependent upon the type of activity that is to be funded. Activities funded by the CDBG Program must meet one of the following three national objectives of the program:

- benefitting low- and moderate-income persons;
- preventing or eliminating slums or areas of blight; and
- meeting urgent needs.

Entitlement Communities (ECs), other public organizations, and public and private non-profit organizations are eligible for Entitlement Community CDBG Program funds. Larger cities and urban areas receive funding through the EC CDBG Program and are not eligible for State CDBG Program funds.

The State CDBG Program provides states with annual direct grants, which they in turn award to smaller communities and rural areas. States award CDBG grants exclusively to local governments that conduct community development activities. Communities eligible for State CDBG funds are municipalities with fewer than 50,000 residents (except certain central cities), and non-urban counties (generally those with populations of 200,000 or fewer, excluding any entitlement cities contained within these counties). HUD's Hawaii State Office at Honolulu directly administers the CDBG program for non-entitlement areas in the state of Hawaii. HUD awarded $4.935 million to the three counties of Kauai, Maui, and Hawaii for fiscal year (FY) 2000.

Also included within the State CDBG Program is the colonias set-aside provision. This initiative provides Community Development Block Grant (CDBG) funds to help colonias — poor, unplanned, and generally unincorporated communities along the U.S.-Mexico border —

remedy their lack of adequate sewer systems, water services, and housing. The states of Arizona, California, New Mexico, and Texas participate in the colonias set-aside provision.

U.S. territories receive funding through the Insular Areas CDBG Program.

Funding Availability

In FY 1999, $1.268 billion was available through the State CDBG Program and $2.958 billion was distributed through the Entitlement Communities CDBG Program (out of a total CDBG allocation of $4.75 billion). In FY 2003, CDBG formula grants will total nearly $4.44 billion.

Other Information

For more information, contact:

U.S. Department of Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410
(202) 708-1112

or your local HUD office. A list of local HUD offices is available at:

http://www.hud.gov/local/index.cfm

COMMUNITY FACILITIES LOAN AND GRANT PROGRAMS

The Rural Housing Service (RHS) in the U.S. Department of Agriculture (USDA) Rural Development division operates the **Community Facilities Loan and Grant Programs** to assist rural communities to provide essential public services. Direct loans, guaranteed loans, and grants are provided through these programs to construct, enlarge, or improve community facilities for health care, public safety (police and fire stations), and other public services (such as schools and child care centers). Eligible health care facilities include clinics, ambulatory care centers, hospitals, rehabilitation centers, and nursing homes. Funds from the Community Facilities (CF) programs may be used to: purchase equipment, acquire land, relocate public buildings, pay interest, pay initial operating expenses, cover legal and engineering fees, and refinance debts (under certain circumstances).

CF Grants are available for up to 75 percent of project costs, not to exceed $50,000 or 50 percent of a state's annual allocation, whichever is greater. CF direct loans are made by the USDA to eligible borrowers at low interest rates. Funding may cover 100 percent of eligible project costs (subject to the nature of the security for the loan, applicant's ability to repay, applicant's authority to borrow, and availability of funds). Loan terms can be a maximum of 40 years, with the term not to exceed the life of the security for the loan.

CF Guaranteed Loans are commercial loans with a federal guarantee made to the lender against losses. CF Guaranteed Loans can be made to eligible applicants by banks/savings and loan associations, mortgage companies, Farm Credit System banks, and insurance companies (regulated by the National Association of Insurance Commissioners). Although the USDA is able to reimburse a lender for losses up to 90 percent of the value of CF Guaranteed Loans, guarantees customarily do not exceed 80 percent of loan value. Applicants interested in CF Guaranteed Loans must apply to an eligible lender, who then arranges with the RHS for the guarantee. CF Guaranteed Loans can be made in combination with CF Direct Loans and Grants.

Eligibility Criteria

Public entities (such as municipalities, counties, and special-purpose districts), not-for-profit corporations (to be used to develop essential community facilities), and federally recognized Indian tribes are eligible for CF Loans and Grants. Eligible applicants must have the legal authority for constructing, operating, and maintaining the proposed facility or service and for obtaining, giving security for, and repaying the loan. They also must be unable to finance the proposed development from their own resources or through commercial credit at reasonable rates and terms. Loans/grants will not be made to any municipality with a population in excess of 20,000. Nor can a facility supported by these programs be located in a municipality with a population in excess of 20,000.

Community and migrant health centers located in rural areas and which are supported by the Health Resources and Services Administration (HRSA) in the U.S. Department of Health

and Human Services (U.S. DHHS) also are eligible for CF Loans and Grants through the RHS. A memorandum of understanding between HRSA and the USDA facilitates the provision of financial assistance to these clinics. (*See Title XVI Health Center Facility Loan Guarantee Program in Resource References.*)

Other Information

Applications are handled by the USDA Rural Development field office staff in USDA Service Centers. USDA Service Centers generally are listed in local telephone directories under the heading "U.S. Government, Department of Agriculture." Contact information for USDA Service Centers also may be found at — http://www.rurdev.usda.gov/recd_map.html. Interested applicants and lenders may contact the Rural Housing Service (RHS) national office at the following address:

U.S. Department of Agriculture
Rural Housing Service
Community Facilities
1400 Independence Avenue, SW
Washington, DC 20250-0700
Phone: 202-720-1490

Additional information about rural development initiatives of the USDA may be found at — http://www.rurdev.usda.gov.

COMMUNITY FOUNDATIONS

Community foundations serve as a mechanism to pool charitable donations from a variety of sources, such as individuals, families, corporations, other foundations, and nonprofit organizations. These pooled donations in turn are awarded as grants to community organizations working to better their localities. Individual community foundations are recognized by the Internal Revenue Service (IRS) as publicly supported tax-exempt organizations under provisions of Sections 501 (c)(3) and 509 (a)(1) of the Tax Code. Since a community foundation is not a private foundation, it offers distinct advantages to its donors, such as tax breaks and higher deductibility of adjusted gross income. Currently there are more than 600 community foundations in the United States, making them the fastest growing form of organized philanthropy. The more than 600 community foundations throughout the United States have assets totaling more than $25 billion.

Annabella R. Jenkins Foundation. The **Annabella R. Jenkins Foundation** was formed in 1995 as a result of the reorganization and renaming of the Retreat Hospital's charitable endowment, following the sale of the hospital to the Columbia Healthcare Foundation. The Foundation maintains the mission of Annabella Ravenscroft Jenkins, who founded the hospital in 1877 to provide charitable health care to all in need—regardless of a patient's race, class, or ability to pay. The Foundation's aim is to support quality health care and effective health care programs in the City of Richmond, as well as the counties of Chesterfield, Goochland, Hanover, Henrico, and Powhatan. It also is a supporting organization of The Community Foundation (Serving Richmond and Central Virginia)(TCF).

The Annabella R. Jenkins Foundation makes grants on a competitive basis in the following four areas: serving the medically underserved and uninsured, teen pregnancy prevention, violence prevention, and substance abuse prevention. The Vernon J. Harris East End Community Health Center receives support from the foundation for its dental services. (*See East End Partnership with Families (EEPWF) in Program Pages.*) Since it began making grants in 1996, the Foundation has awarded more than $7 million. For more information about the Annabella R. Jenkins Foundation, visit its website at: http://www.tcfrichmond.org/partner_organizations/jenkins_found.html.

Chicago Community Trust. The **Chicago Community Trust** is one of the largest community foundations in the country. The Trust annually awards grants totaling more than $35 million to organizations serving Cook County, IL. By supporting area nonprofit organizations with grant funds, the Chicago Community Trust helps improve the lives of the people of metropolitan Chicago. The grants awarded are classified under one of the following five categories: arts and humanities, community development, education, health, and basic human needs. The Trust has led in private sector donations to the Austin Wellness and Education Center, a community health and education center. (*See Westside Health Authority in Program Pages.*) In addition to awarding general grants, the Trust implements several special programs that support the management, development, and capacity-building of Chicago area

nonprofit organizations. The Trust also presents several awards each year in recognition of exceptional contributions to the metropolitan Chicago area. For more information, including application guidelines and deadlines, visit the Chicago Community Trust website at: http://www.cct.org.

Community Foundation for Southeastern Michigan. The **Community Foundation for Southeastern Michigan** supports nonprofit organizations that work to improve the quality of life in the southeastern Michigan region. In addition to supporting these organizations, the Community Foundation sponsors special projects, convenes work groups to explore issues facing the region, and partners with other organizations to address community problems. One such special project is the New Beginnings program, which provides job training for entry into the healthcare sector. (*See New Beginnings Program in Program Pages.*) The Community Foundation awards grants to programs and organizations whose activities fall into the following eight areas: arts and culture, civic affairs, education, environment and land use, health, human services, neighborhood and regional economic development, and workforce development. Additionally, grants made by the Community Foundation are of two types — targeted grants and general grants. In the general grant making program, awards average $30,000 and typically range from $10,000 to $75,000. At times, grants outside this range are awarded, when special circumstances arise. More information about the Community Foundation is available at: http://comnet.org/comfound.

El Paso Community Foundation. The **El Paso Community Foundation** was established in 1977 as a permanent endowment for the long-term benefit of Far West Texas, Southern New Mexico, and Northern Chihuahua, Mexico. It serves as a charitable resource to donors, nonprofit organizations, and the community. The Foundation has several different grant programs addressing its major areas of interest — arts and humanities, education, civic affairs/public benefit, health and disabilities, environment/animals, and human services. For example, one program funded by the Foundation is Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*) For more information on the Foundation, including grant guidelines and deadlines, visit its website at: http://www.epcf.org.

New York Community Trust. Since 1924, The **New York Community Trust** has been a leader in New York community philanthropy. The Trust helps New Yorkers fulfill charitable goals and make grants to organizations and programs that respond to the needs of New York City. For example, the Trust supports both Agenda for Children Tomorrow (ACT) and the Comprehensive Community Revitalization Program (CCRP). (*See Agenda for Children Tomorrow (ACT) and Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) The Trust administers assets of more than $1.7 billion — a combination of more than 1,300 charitable funds established by an individual, family, or business. The Trust distributed $113 million in grants in 1998. More information about the Trust is available at: http://www.nyct-cfi.org.

The Community Foundation (Serving Richmond and Central Virginia)(TCF). In

existence since 1968, **The Community Foundation (Serving Richmond and Central Virginia) (TCF)** is the largest of 22 community foundations in Virginia and is among the 25 largest in the country. In 2000, TCF had assets totaling more than $379 million. The mission of TCF is to provide "effective stewardship of philanthropic assets entrusted to its care by donors who wish to enhance the quality of community life." Throughout its history, TCF has worked to solve problems, preserve legacies, and build permanent endowments to improve the lives of central Virginians. The Foundation has more than 290 philanthropic funds contributed by individuals, families, and corporations. The proceeds from these funds are then used to provide a number of competitive grants. TCF received $55 million in gifts that year and approved $19.1 million in grants. For more information about TCF, visit its website at — http://tcfrichmond.org, or contact TCF at: The Community Foundation (*Serving Richmond and Central Virginia),* 7325 Beaufont Springs Drive, Suite 210, Richmond, VA 23225, Phone: (804) 330-7400, Fax: (804) 330-5992.

COMMUNITY HEALTH CENTER (CHC) PROGRAM

The **Community Health Center (CHC) Program**, which began during the War on Poverty in the mid-1960s, is currently funded under a federal grant program authorized by Section 330 of the Public Health Services Act, as amended by the Health Centers Consolidation Act of 1996. The CHC Program is administered by the Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (U.S. DHHS). The mission of CHCs is to provide low-income families with accessible, affordable, personal health care services. They provide family-oriented primary and preventive health care services for people living in medically underserved communities — i.e., rural and urban areas where economic, geographic, or cultural barriers limit access to primary health care for a sizable portion of the population. The Vernon J. Harris East End Community Health Center is one example of a CHC, located in the East District of Richmond, VA. *(See East End Partnership With Families (EEPWF) in Program Pages.)* The Swope Parkway Health Center is another example, as is the Jackson-Hinds South Comprehensive Health Center operated in the Jackson Medical Mall. The Helen B. Atkinson Center in New York City also receives support from the CHC Program. *(See the following Program Pages: Helen B. Atkinson Center, Jackson Medical Mall, and Model Cities Health Corporation/Swope Parkway Health Center.)*

Services provided at CHCs may include dental care, laboratory tests, x-rays, and pharmacy services. Health education, transportation, translation, and prenatal services also may be provided, along with links to welfare, the Women, Infants, and Children (WIC) Program, and Medicaid enrollment, and to mental health and substance abuse treatment. To enhance its effectiveness, each CHC tailors its services to meet the needs of the community it serves. The success of CHCs can be measured by their ability to strengthen underserved communities, reduce infant mortality rates, lower hospital admission rates and health costs for Medicaid patients, and provide quality care for specific medical conditions.

CHCs are eligible not only for operating funds via the Section 330 program, but also for loan guarantees from the BPHC. (*See Title XVI Health Center Facility Loan Guarantee Program in Resource References.*) The NCB Development Corporation serves as Lender Coordinator for this program and helps guide the CHCs through the loan guarantee process. (*See NCB Development Corporation (NCBDC) in Resource References.)*

CHCs are instrumental in improving the overall health of the citizens in underserved communities, and in fostering economic development by generating jobs and using local services. In FY 2000, more than 700 grants were made to community-based public and private nonprofit organizations that developed and operated CHCs, which in turn supported more than 3,000 clinics. That same year, the CHC Program generated more than $3 billion in revenues for distressed communities nationwide and served more than 11 million people, 66 percent of whom lived below the poverty level.

Funds Available

Since fiscal year (FY) 1996, the community and migrant health center appropriation has been consolidated to include the homeless and public housing programs, with funding for CHCs approximately 85% of the total. The consolidated appropriation was $1.17 billion in FY 2001, an increase from $1.08 billion in FY 2000, and $925 million in FY 1999.

Other Information

Division of Community and Migrant Health
Bureau of Primary Health Care
Health Resources and Services Administration
4350 East-West Highway, 7th Floor
Bethesda, MD 20814
Phone: (301) 594-4300
Fax: (301) 594-4997

or, visit the CHC website at:

http://bphc.hrsa.gov/programs/CHCPrograminfo.asp

COMMUNITY OUTREACH PARTNERSHIP CENTERS (COPC) PROGRAM

The **Community Outreach Partnership Centers (COPC) Program** is one of several initiatives administered by the Office of University Partnerships (OUP) in the U.S. Department of Housing and Urban Development (HUD). Established in 1994, OUP is a catalyst for linking colleges and universities with their surrounding communities in a shared search for solutions to pressing urban problems, as Rowan University has done in the city of Camden, NJ. (*See Camden Community Health Worker Initiative/Rowan University and Walk-In Health Screening Clinic/University of Toledo in Program Pages.*) Congress created the COPC program in 1992, and the first grants were awarded in 1994. By 1999, 106 institutions of higher education in 36 states had joined the program.

COPC-initiated partnerships involve colleges and universities, community-based organizations, local government leaders, private developers, and others who have a stake in the neighborhood's future. Although activities differ from one COPC to another, the overall aim of the program is to increase resident capacity to improve the physical, health, environmental, social, and economic conditions of their neighborhoods. The Community Outreach Partnership Centers (COPC) Program provides 2- and 4-year grants of up to $400,000 to encourage institutions of higher learning to join in partnerships with their communities.

Eligibility Criteria

The COPC Program is open to accredited public or private nonprofit institutions of higher education that grant 2- or 4-year degrees. Consortia of institutions may also apply.

Community Outreach Partnership Centers are expected to play an active and visible role in community revitalization — applying research to real urban problems, coordinating outreach efforts with neighborhood groups and residents, acting as a local information exchange, galvanizing support for neighborhood revitalization, developing public service projects and instructional programs, and collaborating with other COPCs.

Focusing on Important Urban Issues

COPC grants are intended to help communities respond to the problems of greatest concern to their residents. In neighborhoods across America, Community Outreach Partnership Centers are responding to the most urgent needs of urban communities through initiatives that include:

- Job training and counseling to reduce unemployment.
- Resident-backed strategies to spur economic growth and reduce crime.
- Local initiatives to combat housing discrimination and homelessness.

- Mentoring programs for neighborhood youth.
- Financial and technical assistance for new businesses.
- Campus outreach to involve faculty and students.

The examples listed above represent only a few of the activities that the COPC Program actively supports. In fact, comprehensive, multifaceted approaches to community problems are the hallmark of successful COPC initiatives. COPC encourages creativity, enabling universities and their partners to tailor their community building efforts to local needs and resources. Partnerships can include public, private, and nonprofit institutions. Centers can serve communities ranging from a single neighborhood to an entire metropolitan area.

Funding Information

Program Requirements

Successful COPC applications must devote at least 75 percent of total project funding to outreach, technical assistance, and information exchange activities. Research activities designed to address specific problems in the project area cannot exceed 25 percent of total project costs. COPC grants may not be used to fund building construction, rehabilitation, or other physical development activities.

Non-federal matching funds must be acquired to equal at least 50 percent of the cost of proposed research activities and 25 percent of the cost of proposed outreach activities.

Other Information

For additional information contact:
Jane Karadbil
(202) 708-1537 x 5918
Jane_R._Karadbil@hud.gov (use underscores and period)

Application materials located:
Processing and Control Branch
Office of Community Planning and Development
Department of Housing and Urban Development
451 7th Street, S.W., Room 7251
Washington, DC 20410-3500
ATTN: COPC Programs

COMMUNITY REINVESTMENT ACT (CRA)

The **Community Reinvestment Act of 1977 (CRA)** is a federal law that requires banks and savings institutions to take affirmative steps to meet the credit needs of low- and moderate-income communities. For example, through CRA Jackson Medical Mall in Mississippi was able to gain the capital it needed to establish itself. (*See Jackson Medical Mall in Program Pages.*) These credit needs include funds to develop and/or purchase housing and to provide services such as healthcare. The Act directs the four banking regulatory agencies — Federal Reserve Board (Reserve), Office of the Comptroller of the Currency (OCC), Federal Deposit Insurance Corporation (FDIC), and the Office of Thrift Supervision (OTS) — to evaluate and rate the extent to which these financial institutions are meeting local credit needs, before their requests to expand, either by opening new branches or through mergers and acquisitions, can be granted.

Under the Act, banks and savings institutions can be assigned ratings with one "Outstanding" and five "Substantial Non-Compliance." A poor CRA record may be grounds for denial of an expansion request. Residents of low- and moderate-income areas can use the CRA as leverage to pressure banks to sign agreements to improve services and lending practices in their communities. These explicit agreements have resulted in billions of dollars in community development loans and investments. In addition, in order to head off complaints from the public, some banking institutions have made unilateral promises to increase lending.

The Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA), commonly known as the savings and loan bailout bill, made three major changes in CRA. First, it changed the CRA ratings to four: Outstanding, Satisfactory, Needs to Improve, and Substantial Non-Compliance. Second, the ratings, which previously were never disclosed, are now made public. And third, the regulators are now required to publish their written evaluations of the CRA performance of financial institutions. These amendments to CRA, forced banks to focus on their CRA evaluations and actively seek ways to improve their performance.

The Gramm-Leach-Bliley Act of 1999 also amended parts of the Community Reinvestment Act of 1977. The Gramm-Leach-Bliley Act reduced the frequency of the CRA examination cycle for banks with assets below $250 million to once every four or five years, and imposed on community groups seeking to enforce the CRA new reporting requirements, including submitting their comments to the banking regulatory agencies.

Tests of Financial Institutions

The CRA requires banks to demonstrate equitable lending, service, and investment practices, defined by the tests below. The tests in each of these areas do not apply "hard and fast" percentages or dollar figures. Instead, they mostly compare banks with their peer institutions to determine what would constitute reasonable practice.

Lending Test — Regulators first ask how equitably a bank's loans are distributed in

comparison to other banks' loans. The regulators consider both the income level of the individual borrowers and the geographic distribution of loans within low-, moderate-, middle-, and upper-income census tracts. Then, regulators consider the number and dollar value of a bank's community development loans, whose primary purpose is to help low-income communities through affordable housing, community services, and small businesses. Finally, regulators ask whether the bank has tried any innovative practices to make it easier for low- and moderate-income people to become borrowers.

Investment Test — Here regulators evaluate a bank's "qualified investments" (e.g., investments, grants, deposits, or shares in certain community institutions). These institutions can include financial intermediaries that facilitate lending in low-income areas, affordable housing and small business development projects, or non-profit organizations. Regulators consider the number and dollar value of the bank's qualified investments in these areas. They also ask how innovative the qualified investments are and how responsive they are to local needs. Finally, regulators consider whether these qualified investments would be made by other private investors if the banking institution did not make them.

Service Test — Regulators consider the extent to which banks offer both retail banking and community development banking services to low- and moderate-income communities:

- Retail banking (services to individuals): Regulators first consider the bank's branch distribution among low-, moderate-, middle-, and upper-income census tracts, and, in particular, whether any branch closings have adversely impacted low- and moderate-income neighborhoods. To a lesser extent, regulators also consider the availability of alternative service-delivery systems (typically automatic teller machines, or ATMs) in low- and moderate-income areas. However, ATMs are not considered a substitute for branches. Finally, they consider the range of retail banking services offered to low- and moderate-income individuals.

- Community development banking (services to community groups, businesses, and agencies): Regulators consider the extent of the services offered and whether the services offered are responsive to community needs.

Access to Funding

Local community and non-profit organizations, public agencies, and small business associations can become involved in the process by first being informed about their local banks' CRA ratings. The CRA rating is public information and can be obtained at a bank's main office and at one branch office in each state. The CRA rating also can be obtained from the Internet. Each of the federal regulatory agencies (OCC, FDIC, OTS, and the Reserve) offers a Web-based ratings directory for banks in every state. Secondly, groups can file comments on lenders' CRA performance which can be an effective means for raising complaints about the lending performance of individual institutions and for resolving these complaints through the

development of targeted programs to meet the credit and deposit service needs of local communities.

Other Information

Websites for the federal, regulatory agencies:

http://www.occ.treas.gov/cra/crasrch.htm (for the Office of the Comptroller of the Currency)

http://www2.fdic.gov/dcacra/ (for the Federal Deposit Insurance Corporation)

http://www.ots.treas.gov/cranew/cra-search-form.cfm (for the Office of Thrift Supervision)

http://www.federalreserve.gov/DCCA/CRA/ (for the Federal Reserve Board)

Also, an in-depth print guide to the CRA for activists, *The CRA Handbook*, was published recently, and can be accessed on the Internet (http://www.crahandbook.com).

CORPORATIONS

Many corporations sponsor community initiatives designed to improve the health and welfare of local communities. Although some companies have national programs, others become involved in the communities in which their companies are located. Below are examples of such corporate initiatives.

Freddie Mac. **Freddie Mac** is a stockholder-owned corporation chartered by Congress in 1970 to create a continuous flow of funds to mortgage lenders in support of home ownership and rental housing. Freddie Mac finances housing for low- and moderate-income families in order to increase their access to affordable housing. Also, through its philanthropy program — the Freddie Mac Foundation — the corporation supports many charitable organizations that aid children, youth, and families at risk. The Freddie Mac Foundation has granted more than $80 million to programs that provide services or advocacy for its core concerns — strengthening families, youth development, and foster care and adoption, such as the Agenda for Children Tomorrow (ACT) program in New York City. (*See Agenda for Children Tomorrow (ACT) in Program Pages.)* More information about Freddie Mac and its activities are available at its website at: http://www.freddiemac.com.

Hewlett Packard (HP) Company. Of the corporation's objectives set by Bill Hewlett and David Packard in 1957, "citizenship" entails giving back to the communities **Hewlett Packard** (HP) deals with. This includes, among other things, creating desirable jobs, generating exports and tax revenues, and contributing time and financial support to community projects. (*See, for example, Community Choices 2010 (CC 2010) in Program Pages.*)

HP supports school programs, organizations that contribute to the health and well being of the community (and that serve a broad base of constituents), organizations that enrich artistic and cultural opportunities within their communities, and civic and environmental organizations. In fiscal year (FY) 2000, HP gave approximately $51.7 million in cash and equipment to universities, schools, hospitals, and charitable organizations around the world. Visit the Hewlett Packard website (http://www.hp.com) for more information about the company, the grant initiatives it offers, and eligibility requirements.

Holland/Burgerville Corporation. The **Holland/Burgerville Corporation** began in 1922 with the establishment of The Holland Creamery in downtown Vancouver, WA. The present day corporation includes 37 restaurants in Oregon and Washington. Over the years, the corporation has remained dedicated to serving the Northwest U.S. community it is located in. The Holland/Burgerville Corporation is involved in numerous community events, including the Doernbecher Children's Hospital Pajama Jam, the Middle and Elementary School Science Bowl, and over 50 Little League teams. Additionally, the corporation also provides financial support to Community Choices 2010 (CC 2010). (*See Community Choices 2010 (CC 2010) in Program Pages.*) For more information on the Holland/Burgerville Corporation's commitment to community development, visit its website at: http://www.burgerville.com.

Kimco Realty Corporation. **Kimco Realty Corporation** is a leading retail real estate investment trust (REIT) that specializes in the acquisition, development, and management of neighborhood shopping centers. Kimco partnered with Anchor Health Properties, LLC to establish the Wellness Place® in Trexlertown Mall, PA. (*See Anchor Health Properties/Wellness Place® in Trexlertown Mall in Program Pages.*) More information about Kimco Realty Corporation is available at its website at: http://www.kimcorealty.com.

Pfizer, Inc. **Pfizer, Inc.,** is a research-based pharmaceutical company that contributes funds to communities in need through its Corporate Philanthropy Programs and through its business divisions. Communities that receive funding are often located in an area where Pfizer has a major presence, for example, Brooklyn, NY. (*See Pfizer, Inc., in Program Pages.*)

Additionally, in 2000, Pfizer, Inc., and the Pfizer Foundation, Inc., made more than $300 million in product and cash donations worldwide. The Pfizer Foundation is an independent, charitable foundation established by Pfizer, Inc., in 1953. The Pfizer Foundation's mission is to promote access to quality health care and education, to nurture innovation, and to support the community involvement of Pfizer employees. Thus it awards grants mainly in its high-priority areas—health care and education. Pfizer and the Pfizer Foundation generally solicit proposals from organizations working in these fields, and are unlikely to fund unsolicited requests. Most grants are based upon longer-term sustained relationships and initiatives. For more information on Pfizer, Inc., and the Pfizer Foundation, along with information on grant proposals and the application process, visit the Pfizer website at: www.pfizer.com.

Prudential Insurance Company. The **Prudential Insurance Company's** Community Resources Division is dedicated to providing grants, promoting entrepreneurism, and organizing volunteer and community service events. The Prudential Foundation is an independent, nonprofit, grant-making organization funded by Prudential. The Foundation provides support to direct-service programs that address the needs of communities in the following three areas: Ready to Learn (e.g., literacy, art education), Ready to Work (workforce development and job creation), and Ready to Live (community health and safety efforts). The Foundation also has geographic priorities, including programs that serve the headquarters city of Newark and surrounding New Jersey urban centers, and programs in cities where Prudential has a significant presence. For example, the company has provided funding for the Abbottsford and Schuylkill Falls Community Health Centers in Pennsylvania. (*See Abbottsford and Schuylkill Falls Community Health Centers in Program Pages.*) For specific information regarding foundation policies and guidelines, as well as information about other social investments and local initiatives undertaken by the Prudential Community Resources Division, visit the Prudential website at: http://www.prudential.com.

COUNTY GOVERNMENTS

County governments offer many programs and services to their citizens. Examples of specific opportunities available through county governments are provided below.

Clark County (WA). The **Clark County, WA** Department of Community Services works in partnership with the people of Clark County to plan and manage social services and achieve a safe and healthy community. In pursuit of its mission, the Department has actively supported the Community Choices 2010 (CC 2010) program (*see Community Choices 2010 (CC 2010) in Program Pages).* Recently, the Department of Community Services and the Department of Corrections made a $100,000 grant to that program. More information about the services and funding offered through the county government's departments is available at the Clark County website at: http://www.co.clark.wa.us.

Cuyahoga County (OH). Offices, agencies, and departments of the **Cuyahoga County** government provide specific services to safeguard the health, safety, and welfare of its citizens. The county's Health and Nutrition Agency improves the quality of life for citizens by offering and assisting eligible customers with health care, nutrition, and by offering other supportive services, such as the **Cuyahoga County Food Stamp Program.** (*see Food Stamp Program in Resource References; See also Cleveland Works, Inc., in Program Pages.*) For more information visit the Cuyahoga County website at: www.cuyahoga.oh.us.

El Paso County (TX). **Thomason General Hospital,** jointly operated by the city and the county, has been central to the effort to provide health care services to the medically underserved in El Paso. For instance, it has partnered with organizations and government departments to participate in Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*) More information is available at the city of El Paso's website at: http://www.ci.el-paso.tx.us.

Jackson County (MO). The government of **Jackson County, MO** helps the medically underserved of the county by contributing to the Swope Parkway Medical Center. (*See Model Cities Health Corporation/Swope Parkway Health Center in Program Pages.*) Contact information for the county's government is available on their website at: www.co.jackson.mo.us.

Jefferson County (GA) High School. The 2000-2001 school term is the sixth year of existence for **Jefferson County High School (JCHS).** Located in Louisville, Georgia, JCHS has an approximate enrollment of 1,000 students, and a health clinic located in the school. (*See Rural Health Outreach Program in Program Pages.*) More information about the school is available at their website: http://www.jefferson.k12.ga.us/jchs/jchs.htm. For information regarding resources available through the Jefferson County government, visit its website at: http://www.jeffersoncounty.org.

King County (WA). **King County** has partnered with the City of Seattle to further the

cleanup and redevelopment of contaminated sites in the county. The county and the city are seeking proposals for assessment, cleanup, and redevelopment projects in order to take advantage of the federal funds available to them as a result of Seattle's designation as a Brownfields Showcase Community. (*See Brownfields Showcase Community: Seattle/King County in Program Pages.*) For more information regarding King County's involvement in the Brownfields Redevelopment Initiative, visit the King County website at: http://www.metrokc.gov. Information regarding eligibility criteria, funding availability, and the application process for county funds to clean up brownfields is available at: http://www.metrokc.gov/exec/orpp/brownfields/assist_app.htm.

Lucas County (OH). The **Lucas Metropolitan Housing Authority** has partnered with the city of Toledo and other local entities to provide health care services for Toledo's low-income population through the Walk-In Health Screening Clinic program. (*See Walk-In Health Screening Clinic/University of Toledo in Program Pages.*) The Housing Authority can be reached at: (419) 259-9400.

Pinellas County (FL). The **Pinellas County Department of Social Services** is a public assistance agency funded by county taxpayers and operated under the authority of the Board of County Commissioners. The department provides temporary financial assistance, medical and dental care, and other related services to eligible individuals. The department also provides assistance to organizations. For example, the department supplies the Greenwood Community Health Resource Center, Inc., with a physician once a week. (*See Greenwood Community Health Resource Center, Inc., in Program Pages.*) For more information regarding the services available through the Pinellas County Department of Social Services, visit their website at: http://www.co.pinellas.fl.us/bcc/socsvc.htm.

ECONOMIC DEVELOPMENT DISTRICTS

In the 1960's, the **Economic Development Administration (EDA)** in the U.S. Department of Commerce established a nation-wide network of locally-based **Economic Development Districts**. *(See U.S. Economic Development Administration in Resource Reference Pages.)* Economic Development Districts are multi-county organizations established to promote economic development and job creation in their areas. (*See, for example, Brownfields Showcase Community: Eastward Ho! in Program Pages.*) Through planning grants for administrative expenses, the Economic Development Administration provides assistance to 327 Economic Development Districts. These Districts enable the EDA to support initiatives that provide the capacity and knowledge needed to plan and implement comprehensive economic development strategies.

Eligibility Criteria

The Secretary of Commerce may designate Economic Development Districts (with approval from the states in which the Districts will be wholly or partially located) if the proposed District:

- contains sufficient population and resources to foster economic development to address more than one of the following three economic distress indicators: low per capita income, a high unemployment rate, and/or a special need relating to unemployment or economic adjustment;
- suffers from one of the three economic distress indicators listed above; and
- has a CEDS (Comprehensive Economic Development Strategy) that contains a specific program for intra-district cooperation, self-help, and public investment, and that has been approved by each affected state and the Secretary of Commerce. *(See U.S. Economic Development Administration in Resource Reference Pages.)*

The Secretary of Commerce may request that states determine the boundaries for proposed Economic Development Districts, and cooperate with the states in sponsoring and assisting District economic planning and economic development groups, and in formulating CEDS for Districts. Additionally, the Secretary may encourage local government participation in the Economic Development Districts.

Available Funding

Economic Development Districts and designated **Redevelopment Areas** are eligible for funds from any of the EPA's five major program areas. Grants under the Planning Program support the formulation and implementation of economic development programs designed to create or retain full-time permanent jobs and income for the unemployed and underemployed who live in Economic Development Districts, on Indian reservations and in Redevelopment Areas. In fiscal year (FY) 2000, funds in the amount of $24 million were appropriated to the

program. The funding levels for planning grants for FY 1999 ranged from $10,000 to $200,000. Planning grants for administrative expenses are awarded to establish and implement effective economic development programs at local and multi-jurisdictional levels. Eligible activities under planning grants include the preparation and continuation of a CEDS, and planning, and implementation and technical assistance services to communities and local governments within the organization's jurisdiction. Assistance is normally provided for a period of 12 months, for up to 75 percent of the total project cost. Indian tribes may receive assistance for 100 percent of total project cost.

Other Information

For more information contact your regional EDA office. A list of regional EDA contacts is available at:

http://www.doc.gov/eda/html/1c_regloffices.htm

EMPOWERMENT ZONE (EZ)/ENTERPRISE COMMUNITY (EC) INITIATIVE

The Community Empowerment Program was enacted into law by the Omnibus Budget Reconciliation Act of 1993. This program includes the **Empowerment Zone/Enterprise Community (EZ/EC) Initiative** to improve the economic status of low-income communities. In this program the federal government designates as EZs/ECs geographic areas that meet certain poverty and distress criteria, and assists them to develop strategic plans for revitalization. The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Agriculture (USDA) are the lead implementing agencies for this program. HUD designates the urban Empowerment Zones and Enterprise Communities; USDA designates the rural Empowerment Zones and Enterprise Communities.

Round I awards were made in 1994. Round II awards, authorized by the Taxpayer Relief Act of 1997, were made in 1998/1999. Round III awards were made in January 2002. Designated areas receive tax benefits, direct federal grants, and corollary benefits from other federal programs, although the forms of assistance have varied by round. Localities with EZs/ECs are encouraged to use their federal awards as seed money to leverage additional funds to revitalize their communities.

The EZ/EC program was further modified by the Community Renewal Tax Relief Act of 2000 (enacted in the Omnibus Consolidation and Emergency Supplemental Appropriations Act for fiscal year (FY) 2001 (P.L. 106-554) and signed into law on December 21, 2000). The Act authorized the designation of nine new empowerment zones (7 urban and 2 rural), to take place by December 31, 2001 (i.e., Round III). In addition, the designation of all Round I and Round II EZs was extended through December 31, 2009. Fiscal year 2001 funding also was awarded to Round II urban EZs. The nine Round III EZs will receive the same tax incentives available to previously designated EZs. In addition, employers in both Round II and Round III EZs became eligible for an annual $3,000 credit per qualified employee (i.e., individuals who both live and work in an EZ, who were either retained or hired) for wages paid after December 31, 2001.

The Community Renewal Tax Relief Act also authorized the designation of 40 Renewal Communities (RCs) (28 urban and 12 rural). Communities formerly designated EZs or ECs received preference in the first round of RC awards (made in January 2002). Designation as a RC will provide employers a 15 percent credit for the first $10,000 of qualified wages paid to employees, along with a "commercial revitalization deduction" that allows the expensing of costs incurred to place a building into service as a workplace.

The benefits gained through this Initiative can be and have been translated into efforts to improve health outcomes in selected communities. For example, several communities have used their EZ/EC funds to support substance-abuse-recovery programs and to establish community-based healthcare advisors to serve individuals who often do not receive services from traditional health providers.

Eligibility Criteria

To be considered for designation as an Empowerment Zone or an Enterprise Community, an area must be nominated by its state and local governments or by a state-chartered Economic Development Corporation and must satisfy the criteria for poverty and distress. Additionally, the information that is requested in the application forms must be certified by the state and local governments. To receive the nomination, applicants must indicate whether the area is urban or rural; a given census tract cannot be nominated for designation as both a rural and urban EZ or EC.

Poverty Rate Thresholds for Urban and Rural Areas (Round I)

For Round I, nominated urban and rural area met the following criteria:

- The area must suffer from pervasive poverty, unemployment, and general distress.
- The area must have a poverty rate above 20% for each census tract; 25% in at least 90% of its census tracts; and 35% in at least 50% of its census tracts.
- If any part of a central business district (CBD) is included in the area proposed for designation, each census tract containing a portion of that district must have a poverty rate of at least 35% (for an Empowerment Zone) or 30% (for an Enterprise Community).
- Any census tracts with population of less than 2,000 and most of whose land area (75% or more) is zoned for commercial or industrial use will automatically meet the 20%- and 25%-poverty-rate thresholds.
- Any census tract with zero population will automatically meet the 20%- and 25%-poverty-rate thresholds.
- If the nominated area consists of two or three noncontiguous parcels, each parcel must independently meet the poverty rate thresholds.
- Communities must determine their poverty rates using 1990 census data.

Criteria for Urban Designees (Round I)

Six urban Empowerment Zones and 65 urban Enterprise Communities were designated in Round I. (The six urban EZs were in Atlanta, Baltimore, Chicago, Detroit, New York City, and Philadelphia/Camden.) The nominated areas were one of the following:

- Any area that lies inside a Metropolitan Area (MA), as designated by the Office of Management and Budget using 1993 Census of Population and Housing data, was eligible for designation as an urban EZ or EC.

- An area that is outside an MA was considered urban if the nominating local government either had a population of 20,000 or more or documented the urban character of the area.

The maximum population included in a nominated urban area was determined by the population of the most populous city located fully or partially within its boundaries:

- Nominated areas that included a portion of a city with a population of two million or more residents could have a maximum population of 200,000 people.

- Nominated areas that included a portion of a city with a population between 500,000 and two million residents could have a maximum population equal to 10% of the city's total population.

- Nominated areas that included a portion of a city with a population less than 500,000 residents could have a maximum population of 50,000.

A nominated urban area must — not exceed 20 square miles; be located entirely within no more than two contiguous states; and contain no more than three noncontiguous parcels (or have one continuous boundary).

Criteria for Rural Designees (Round I)

Three rural Empowerment Zones and 30 rural Enterprise Communities were designated in Round I. (The rural EZs are Kentucky Highlands (KY), Mid-Delta (MS), and Rio Grande Valley (TX).) A rural EZ or EC could include one contiguous area in up to three states, or up to three noncontiguous areas in one state. A nominated rural area was one of the following:

- Any area outside the boundaries of a metropolitan area (MA), as designated by the Office of Management and Budget using 1993 Census of Population and Housing data, was eligible for designation as a rural EZ or EC.

- An area inside an MA could be included as part of a rural EZ or EC if more than 50 percent of the population of that area resides outside the MA.

- The population for a nominated rural area must not exceed 30,000.

A nominated rural area must — not exceed 1,000 square miles; be located entirely within no more than three contiguous states; have one continuous boundary if it is in more than one state; contain no more than three noncontiguous parcels if it is in only one state; and have one continuous boundary for each parcel.

Note: The Secretary of Agriculture, in consultation with the Secretary of Commerce, was able to allow exceptions for applicants that did not meet the definition of rural area.

Criteria for Urban and Rural Designees (Round II)

Round II of the EZ/EC Initiative (authorized by the Taxpayer Relief Act of 1997) enhanced the EZ/EC program in several ways. Major modifications for Round II included: reductions in grant funding from that available to Round I awardees, incentives for education zones, provisions for adding up to twenty "new" EZs (up to fifteen urban and up to five rural) by 1999, and changes in the tax incentives available to existing EZs and ECs.

Eligibility criteria for Round II also differ substantially from Round I. For example, an area was eligible for designation in Round II without satisfying the requirement that at least half of its census tracts have a poverty rate of at least 35 percent. In addition, requirements for census tracts with small populations were tightened somewhat. Also, the Secretary of Agriculture may designate as an EZ a rural area that has suffered out-migration, even if that area does not satisfy poverty criteria. Rural areas containing large portions of public lands now receive special accommodation under the program rules, and American Indian/Alaska Native reservation lands became eligible for designation.

Eligibility criteria for designation of future zones in Alaska or Hawaii were modified as well. Income level, rather than poverty rate, will be used to determine eligibility. In addition, census tracts in which at least twenty percent of families have income that is less than or equal to fifty percent of the statewide median family income will be eligible to be included in an Empowerment Zone.

The fifteen urban EZs designated during Round III were: Boston (EZ-EEC)(MA); Cincinnati (OH); Columbus (OH); Cumberland County (NJ); El Paso (TX); Gary, E. Chicago, and Hammond (IN); Huntington (WV)/Ironton (OH) (EZ-EC); Knoxville (TN); Miami/Dade County (EZ-EC) (FL); Minneapolis (EZ-EC) (MN); New Haven (EZ-EC) (CT); Norfolk/Portsmouth (EZ-EC) (VA); St. Louis (MO)/E. St. Louis (IL); Santa Ana (CA); and Sumter/Columbia (SC). A total of 20 rural ECs and 5 rural EZs also were designated. The rural EZs were: Desert Communities (CA), Griggs-Steele (ND), Oglala Sioux Tribe (SD), Southernmost Illinois Delta (IL), and Southwest Georgia United (GA). Per the changed regulations, two of the new EZs (Desert Communities and Oglala Sioux Tribe) and eight of the new ECs include reservation lands.

Criteria for Urban and Rural Designees (Round III)

Eligibility requirements for Round III were the same as for Round II. However, special consideration during the proposal review process was given to the following: openness of the strategic planning process, comprehensiveness of the strategic plan, effectiveness of the performance benchmarks, extent to which community residents will be an active part of plan implementation, inclusiveness of diverse partnerships, and the extent to which the applicant sought leveraging opportunities. In January 2002, two new rural EZs were announced — one in Maine (Aroostook County EZ) and the other in Texas (FUTURO EZ). Seven Round III urban EZs also were designated: Fresno (CA), Jacksonville (FL), Oklahoma City (OK), Pulaski County (AR) (home to Little Rock), San Antonio (TX), Syracuse (NY), and Yonkers (NY). Forty Renewal Communities (RCs) — 28 urban and 12 rural — also are to be designated in Round III.

How to Apply

The Round III application process was the same for both Empowerment Zones and Enterprise Communities, and for both rural and urban areas.

- The application included: a notice of intent to participate; a strategic plan; and required eligibility forms and certifications
- If an Empowerment Zone application was not successful, it automatically was considered for Enterprise Community designation.
- A community may choose to apply only for Enterprise Community designation and reflect that on its application form.

Funding Information

Round I

The first round of competition for EZ/EC designation occurred in 1994. Funds awarded to Round I designees were from the Title XX Social Services Block Grant (SSBG), administered by the U.S. Department of Health and Human Services. In addition, awardees received various wage credits, tax deductions, bond financing, and capital gains exclusions. For example, EZs and ECs alike could use the Work Opportunity Tax Credit, Welfare-to-Work Wage Credit, the Indian Employment Tax Credit, the New Markets Tax Credit, and the Low-Income Housing Tax Credit. Designees also could use the Environmental Cleanup Cost deduction and could issue Enterprise Zone Facility Bonds.

Empowerment Zone (EZ)

Over a ten year period, each urban Empowerment Zone will receive $100 million in

flexible SSBGs and tax breaks for zone businesses. Each rural Empowerment Zone will receive $40 million in grants and tax breaks, over the same time period.

Enterprise Communities (EC)

Each Enterprise Community (urban and rural alike) will receive $3 million in SSBGs and tax exempt bond financing for Enterprise Community businesses, over a ten year period.

Several additional federal funding streams supplement the awards made to both EZs and ECs. EZ/EC Initiative. The U.S. Department of the Treasury provides more than $2.5 billion in new tax incentives via wage credits, certain tax deductions, and tax-exempt bond financing. Under the Economic Development Initiative (EDI), HUD awarded six grants to fund specific economic development projects. EDI created two Supplemental Empowerment Zones (SEZ) and four Enhanced Enterprise Communities (EEC), with awards between $25 million and $125 million. USDA will provide more than $400 million in additional funds for housing, business development, and infrastructure. Designated as a Supplemental Empowerment Zone, Los Angeles received $450 million, and Cleveland received $177 million in HUD EDI grants/Section 108 Loan Guarantees. The four Enhanced Enterprise Communities (Boston, MA; Kansas City, KS/Kansas City, MO; Houston, TX; and Oakland, CA) each received a $22 million EDI grant plus a $3 million Title XX Social Services Block Grant and new tax-exempt bond financing.

Round II

Although some grant funding was made available, Round II Empowerment Zones (both urban and rural) and rural ECs primarily received federal tax incentives. Each of the 20 rural ECs was awarded $250,000 in first year funding, and the 5 rural EZs each received $2 million as a first-year grant. HUD made $45 million available for the 15 Round II urban EZs. The tax incentives were similar to those provided in Round I, with the addition of the new EZ Employment Wage Credit — an annual credit of $3,000 per qualified employee (i.e., one who both lives and works in an EZ and who was either hired or retained) for wages paid after 12/31/01.

Round III

Grant funds were not appropriated for the rural and urban EZs announced in January 2002. However, each received a package of tax benefits similar to those awarded in Round II. These benefits include (but are not limited to): higher write-off limits for business expense, tax deductions for pollution cleanup, tax-exempt bonds to secure low-cost expansion loans, and some relief from capital gains taxes.

Other Information

For examples of activities in EZ/EC communities, see the following Program Pages:

- Brownfields Showcase Community: Baltimore — Baltimore Empowerment Zone (EZ) (MD)
- Brownfields Showcase Community: Chicago and Westside Health Authority — Chicago Empowerment Zone (EZ)(IL)
- Brownfields Showcase Community: Dallas — Dallas Enterprise Community (EC)(TX)
- Brownfields Showcase Community: Eastward Ho! — Miami-Dade Enterprise Community (EC)(FL) and Miami-Dade Empowerment Zone (EZ)(FL)
- Brownfields Showcase Community: Portland — Portland Enterprise Community (EC)(OR)
- Brownfields Showcase Community: St. Paul — St. Paul Enterprise Community (EC)(MN)
- Brownfields Showcase Community: Seattle/King County — Seattle Enterprise Community (EC)(WA)
- Camden Community Health Worker Initiative/Rowan University — Camden Empowerment Zone (EZ)(NJ)
- Helen B. Atkinson Center — Upper Manhattan Empowerment Zone (EZ)(NY)
- Jackson Medical Mall — Jackson Enterprise Community (EC)(MS)
- New Beginnings Program — Detroit Empowerment Zone (EZ)(MI)
- Rural Health Outreach Program — Central Savannah River Area Enterprise Community (EC)(GA)

For additional information:

U.S. Department of Agriculture
Office of Community Development
Stop 3203
1400 Independence Avenue, S.W.
Washington, DC 20250-3203
website: http://www.ezec.gov
e-mail: ocd@ocdx.usda.gov

U.S. Dep't of Housing and Urban Development
Office of Community Planning and Development
EZ/EC Team, 7255
451 Seventh Street, S.W.
Washington, DC 20410
website:
http://www.hud.gov/offices/cpd/ezec/index.cfm

See also *A Guide to Strategic Planning for Rural Communities,*
http://www.ezec.gov/Toolbox/stratvision.html

FEDERAL HOME LOAN BANK FUND

The **Federal Home Loan Bank System** was created in 1932 by the Federal Home Loan Bank Act to restore confidence in the nation's banking institutions and to provide local lenders with the means to finance loans for home mortgages. **The Federal Housing Finance Board (FHFB)** regulates the 12 regional Federal Home Loan Banks, as well as the Office of Finance. Together, these members of the Federal Home Loan Bank System finance the country's urban and housing and community development needs. They support community-based financial institutions and facilitate their access to credit. (*See, for example, Project Vida (Community Health & Services Program) in Program Pages.*) In 1989 the Federal Home Loan Bank System's public policy mission expanded to include affordable housing and community development lending.

Member financial institutions can apply to their region's Federal Home Loan Bank for funds from their community investment programs in order to provide credit for affordable housing or economic development programs within their communities. Specific programs include the **Affordable Housing Program (AHP)** and the **Community Investment Program (CIP)** .

Eligibility Criteria

Applications for AHP and CIP funds should be made directly to a Federal Home Loan Bank. Each Federal Home Loan Bank determines the number of competitive application periods it will have each year and the dates of those application periods.

Applications by member institutions for AHP funds are judged by several criteria as set out by the Federal Home Loan Bank System, including the following:

- use for projects involving owner-occupied or rental housing for low-income households
- project feasibility and the need for subsidy
- ability of the project to begin using Federal Home Loan Bank assistance within 12 months
- AHP subsidies to be used for eligible costs
- project sponsor qualifications
- compliance with fair housing laws and regulations

The purpose of CIP funding is to provide community-oriented mortgage lending. CIP funds are available as advances or loans to members of the Federal Home Loan Banks. CIP is a flexible program that member institutions have used to finance a variety of housing and economic development projects, such as day care centers, small business loans, community services, and housing.

CIP applications can be obtained from individual Federal Home Loan Banks. Additional

specific information regarding the submission or preparation of CIP applications can be obtained by contacting your regional FHLB Community Investment Officer (CIO).

Funds Available

The availability of funds varies by Federal Home Loan Bank and by program. In 1999, a total of $2,524.5 million in new CIP funds was made available. In 2000, $200 million was made available for AHP applicants.

Other Information

For more information contact your regional Federal Home Loan Bank Community Investment Officer, or:

The Federal Housing Finance Board
1777 F Street, N.W.
Washington, DC 20006-5210
(202) 408-2500
http://www.fhfb.gov/index.htm

A listing of the regional Federal Home Loan Banks is available at:

http://www.fhfb.gov/FHLBSys/FHLBS_districts.htm

FINANCIAL INSTITUTIONS/RELATED PROGRAMS

As with corporations, many financial institutions recognize they are in a position to aid in community development projects because of their access to capital. Some have established foundations within their institutions through which they make grants to a variety of nonprofit organizations with different missions. However, financial institutions do not limit their aid to grants alone, as the examples that follow prove.

Bank of America. Although it is the largest bank in the country, the **Bank of America** has remained committed to community development banking, and thus is one of the several financial institutions that provides funding to the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) This includes providing loans structured especially for small businesses, low- and moderate-housing developers, and nonprofit organizations. In 1998, Bank of America made a commitment to invest $350 billion in low- and moderate-income communities over the following 10 years. By 1999, the bank had fulfilled almost $40 billion of that commitment. You can learn more about the Bank of America and its community development lending opportunities by visiting its website at: http://www.bofa.com.

The Bank of America Foundation is the organization through which Bank of America makes charitable contribution to communities. The Foundation focuses on improving lives by providing educational opportunities, building inclusive communities and promoting cultural outreach, with the majority of funds going to educational programs. In 2000, the Foundation contributed more than $84.7 million to more than 1,200 organizations. More information regarding the Foundation's activities and its application process are available at its website at: http://www.bofa.com/foundation.

Bank One (Baton Rouge, LA). One of the goals of **Bank One** is to provide affordable housing, jobs, and safer neighborhoods in its service areas, such as Jackson, MS. (*See Jackson Medical Mall in Program Pages.*) Its Community Development programs support community-based projects to improve areas that are typically not invested in, for example, older, blighted, neighborhoods. Bank One offers grants, in-kind donations, technical assistance, other forms of support, and the time and expertise of its employees. The bank's philanthropic activities focus on three main areas — education, civic leadership, and community development.

The Banc One Community Development Corporation (Banc One CDC) both makes investments and provides loan products. It is a comprehensive resource, providing developers across the country with the financial tools needed to successfully complete community-based projects. For more information, visit the Bank One website at: http://www.bankone.com.

Chase Manhattan Bank. **Chase Manhattan Bank**, now J.P. Morgan Chase, seeks to improve the well-being and vitality of the communities in which it operates by providing financial contributions and technical assistance, as well as by encouraging its employees and

retirees to volunteer for, and financially support nonprofit organizations. In particular, Chase focuses on expanding access to credit for small businesses and nonprofit organizations through two programs, Community Development Commercial Lending and the J.P. Morgan Chase Supplier Diversity Program. Chase is one of several financial institutions that provide funding to the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*)

In addition, the **J.P. Morgan Chase Community Development Group** provides contributions and other assistance to nonprofit organizations, such as the Helen B. Atkinson Center, that work in the areas of community development, human services, elementary and secondary education, and artistic development. (*See Helen B. Atkinson Center in Program Pages.)* Community development grants are made only to 501(c)(3) nonprofit organizations that provide year-round services in the parts of New York, Connecticut, and New Jersey in which J.P. Morgan Chase operates. Grants range from $2,500 to $10,000, although a few larger grants are made to organizations with very large service populations. For more information about the many community development programs run by J.P. Morgan Chase, visit its websites at: http://www.chase.com, or http://www.jpmorganchase.com.

Chemical Bank. The Agenda for Children Tomorrow (ACT) received support from **Chemical Bank**, which merged with the Chase Manhattan Bank on March 31, 1996. (*See entry above for Chase Manhattan bank. Also see Agenda for Children Tomorrow (ACT) in Program Pages.*) For a chronicle of Chemical Bank's history, visit: http://www.chase.com.

Citibank, N.A. Citigroup (which includes **Citibank**, Salomon Smith Barney, Primerica Financial Services, and the Citigroup Foundation) actively participates in lending activities that help build communities and emerging markets, such as the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) Citigroup works to help improve the quality of life in communities where its employees and clients live and work through community relations and community development partnerships and programs. This includes employee volunteers, community grants, social investments, lending, technical assistance, and financial literacy. In 1998, Citigroup pledged $115 billion to lending and investing in low- and moderate-income communities and small businesses over the following 10 years. By 2000, community lending and investing had increased to more than $20 billion, up from $8.5 billion in 1998.

As part of its 1998 commitment to increase community lending and investing, Citigroup established its Center for Community Development Enterprise, also known as CCDE. CCDE's primary focus is affordable housing, with consideration also given to community retail and special needs facilities. In addition, CCDE provides loans and operating lines of credit to non-profit organizations that provide important services to economically depressed neighborhoods. Markets served by CCDE include California, Connecticut, southern Florida, Illinois, Nevada, New Jersey, New York state, the New York City metro area, Buffalo/Rochester, Puerto Rico, South Dakota, and the Washington, DC metro area. For more information on

Citibank and its parent company, Citigroup, visit the Citibank website at: http://www.citibank.com.

Community Redevelopment Act (CRA). See Community Redevelopment Act (CRA) writeup in Resource Reference pages.

Lowell Development and Finance Corporation (MA). Since 1975, the **Lowell Development and Finance Corporation (LDFC)**, a consortium of local banks, has financed more than 180 projects totaling more than $80 million in development. LDFC is a lending agency that provides below market and secondary financing for commercial, industrial, and residential developments. To foster economic growth within the city of Lowell, MA, that city's government partnered with LDFC. (*See Brownfields Showcase Community: Lowell, in the Program Pages.*) Through this partnership the city has since developed creative approaches for attracting investment and financial incentives, such as tax-increment financing. In addition to the City of Lowell, LDFC collaborates with agencies such as the Coalition for a Better Acre and the Merrimack Valley Housing Partnership to support homeownership and development of affordable housing. For more information, contact LDFC by calling: (978) 459-9899.

Morgan Guaranty Trust. **Morgan Guaranty Trust** is an international bank that is also the largest subsidiary of J.P. Morgan & Company, Inc. J.P. Morgan makes charitable contributions to a wide range of organizations in the arts, education, the environment, health and human services, international affairs, and urban affairs. One such organization is the Agenda for Children Tomorrow (ACT) in New York City. (*See Agenda for Children Tomorrow (ACT) in Program Pages.)* Charitable giving is concentrated in New York City, where J.P. Morgan's headquarters are located. It is also focused on organizations with well-defined objectives, sound leadership, and a demonstrated record of achievement. Contributions are made through both the J.P. Morgan Charitable Trust, which is funded by J.P. Morgan, and the firm's offices and subsidiaries around the world. In 1999, contributions made by J.P Morgan and the Charitable Trust totaled over $16 million. For more information about J.P. Morgan, including information on submitting grant proposals, visit the company's website at www.jpmorgan.com.

FOOD STAMP PROGRAM

The purpose of the U.S. Department of Agriculture's **Food Stamp Program** is to end hunger and improve nutrition and health. It provides earmarked cash assistance, historically in the form of stamps, to help low-income households buy the food they need for a nutritionally adequate diet. The program is operated by state and local welfare offices, and the federal government oversees the state operation of the program. Nationally, the Food Stamp Program provided an average of $1.25 billion a month in benefits in fiscal year 2000.

The **Cuyahoga County (OH) Food Stamp Program** provides funds to low-income families for the purchase of food. Food stamp benefits are issued monthly by electronic transfer to a computerized card (called the Ohio Direction Card). Recipients can complete the transfer at their own grocery store. During the month the card may be used at any food store that displays Ohio Direction Card sign. Additionally, the Cuyahoga County Food Stamp Program provides assistance to the Cleveland Works program. (*See Cleveland Works, Inc., in Program Pages.*)

Eligibility Requirements

National Standards. Households must meet income tests **unless** all members are receiving Title IV (TANF), SSI, or, in some places, general assistance. Most households must meet both the gross and net income tests, but a household with an elderly person or a person who is receiving certain types of disability payments only has to meet the net income test. Gross income is a household's total, non-excluded income, before any deductions have been made; net income is gross income minus allowable deductions. Households that have income over the set amounts cannot get food stamps.

With some exceptions, able-bodied adults between the ages 16 and 60 must register for work, take part in an employment and training program to which they are referred by the food stamp office, and accept or continue suitable employment. Failure to comply with these requirements can result in disqualification from the program. In addition, able-bodied adults between the ages 18 and 50 who do not have any dependent children can get food stamps only for 3 months within a 36-month period if they do not work or participate in a workfare or employment and training program other than job search. Other members of the household may continue to get food stamps even if this person is disqualified. This requirement is waived in some locations.

Cuyahoga County. Eligibility is determined by income, household composition, and meeting work requirements, if applicable. However, a face-to-face interview is necessary. Applications are received and interviews are conducted at Neighborhood Family Service Centers. Nearly 10,000 working families in Cuyahoga County received food stamp benefits in 2000.

Funds Available

The amount of benefits an eligible household receives depends on the number of people in the household and the amount of income the household has. For example, a household of three people with no income can receive up to $329 a month in benefits. Households with income are expected to use about 30 percent of their money for food, after certain deductions have been allowed. The average monthly amount of benefits in 1998 was about $71 a person.

Other Information

For more information contact:

Food and Nutrition Service Communications Staff
3101 Park Center Drive
Alexandria, Virginia 22302
(703) 305-2286
FSPHQ-WEB@fns.usda.gov

Local food stamp offices can provide information about eligibility, and the USDA operates a toll-free number (1-800-221-5689) for people to receive information about the Food Stamp Program. A list of state Food Stamp Program Hotline numbers also is available at:

http://www.fns.usda.gov/fsp/menu/contacts/hotlines.htm

Interviews/Information for the Cuyahoga County Food Stamp Program may be obtained by calling (216) 987-7000.

GEORGIA INDIGENT CARE TRUST FUND

Georgia's Indigent Care Trust Fund (ICTF) was established as part of the federal Disproportionate Share Hospital (DSH) program to increase health care access for the poor by providing compensation to qualifying hospitals for services provided without charge or for a reduced charge to Medicaid-eligible and medically indigent patients. ICTF was established in 1990 to accomplish the three following goals:

- expand Medicaid eligibility and services;
- support rural and other healthcare providers that serve the medically indigent; and
- fund primary health care programs for medically indigent Georgians.

Through ICTF, even uninsured patients who do not qualify for Medicaid can be treated at participating hospitals. ICTF has also partnered with hospitals and universities in the state to support the Rural Health Outreach Clinic. (*See Rural Health Outreach Program in Program Pages.)*

Eligibility Criteria

Medically indigent patients qualify to receive hospital services without charge or at a reduced charge at ICTF hospitals. In general, hospitals that receive ICTF funds are hospitals that serve a higher than average number of Medicaid and other low-income patients. To qualify for ICTF funds, hospitals must meet the two following federal criteria:

- currently provide non-emergency obstetrical services to Medicaid recipients (if those services also were provided on December 22, 1987); or
- have a Medicaid impatient utilization rate of at least 1 percent.

Hospitals that receive ICTF funding also must meet at least one of the following state criteria:

- have an inpatient utilization rate greater than the mean rate plus one standard deviation;
- have a low-income inpatient utilization rate greater than 25 percent;
- have Medicaid charges greater than 15 percent of total charges;
- have the largest number of admissions in its area;
- be a children's hospital;
- be designated a regional perinatal center;
- be designated a Medicare rural referral center and a Medicare DSH provider;
- be a state-owned and -operated teaching hospital; or
- be a small, rural public hospital with a Medicaid inpatient utilization rate of at least 1 percent.

Additionally, the Georgia Medicaid program requires each hospital to prepare and receive approval of specific spending proposals for 15 percent of its ICTF funding in primary care

programs, only 5 percent of which may be spent on capital costs.

ICTF itself is funded through a combination of voluntary intergovernmental transfers from participating public hospitals and other governmental agencies, and matching federal funds.

Funding Availability

In fiscal year (FY) 2000, 92 qualifying hospitals in the state of Georgia participated in ICTF. In total, $388 million was awarded to these hospitals. This follows the distribution of $100 million by DSH to compensate 46 hospitals that had spent more money than they received from ICTF for serving indigent and charity patients from FY 1995 to 1999.

Other Information

For more information, visit the Georgia Department of Community Health's website at:

http://www.communityhealth.state.ga.us

HEAD START PROGRAM

The **Head Start Program,** established in 1965 in the Office of Economic Opportunity, now is operated by the Head Start Bureau within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (U.S. DHHS). Head Start today provides diverse services designed to meet each child's education, health and social services needs. Every child is involved in a comprehensive health program, which includes immunizations and medical, dental and nutritional services. The program includes children's parents through parent education, program planning and operating activities. (*See, for example, Cleveland Works, Inc., in Program Pages.*)

Grants are awarded by the ACF Regional Offices and by the American Indian and Migrant Program Branches of the Head Start Bureau, directly to local public agencies, private non-profit and for-profit organizations, Indian Tribes, and school systems for the purpose of operating Head Start programs at the community level. Generally, a community must contribute 20 percent of the total costs of its Head Start program. Volunteers, including high school and college students, parents and senior citizens, offer critical help to local Head Start programs. Head Start will serve an estimated 916,000 children in fiscal year (FY) 2001.

Eligibility Criteria

Head Start grantees may be public or private entities, for-profit or nonprofit organizations, or public school systems. If there is a current grantee in a community, that grantee will continue to serve in that capacity until they decide they no longer want to be a sponsoring agency, or unless Head Start funds to the agency are terminated for cause. If a grantee gives up or loses funding, Head Start funds will remain in the community previously served by that agency and will be awarded to another eligible organization through a competitive process. Responsible U.S. DHHS officials will consult about any proposed replacements of Head Start grantees with Governors, or their representatives, appropriate local general purpose government officials, the Head Start Policy Council, and other appropriate representatives of communities to be served.

The basis for selection of applicants proposing to operate a Head Start program will be the effectiveness of the proposed Head Start program. The criteria for selection include:

- the cost effectiveness of the proposed program;
- the qualifications and experience of the applicant and the applicant's staff in planning, organizing, and providing comprehensive child development services at the community level, including the administrative and fiscal capability of the applicant to administer all Head Start programs carried out in the service area;
- the quality of the proposed program;
- the proposed program design and option, including the suitability of facilities and equipment proposed to be used in carrying out the program; and

- the need for Head Start services in the community served by the applicant.

In order for a family to enroll their child in a local Head Start program they must meet the income eligibility requirements of the program. Specifically, a family's income must be below the poverty line or the family must be receiving public assistance, i.e., Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF) benefits. For further information about eligibility, contact your local Head Start program.

Funds Available

Funding for Head Start has increased steadily to $6.2 billion in FY 2001. This level of funding has enabled Head Start to — increase enrollment to an estimated 916,000; enhance the quality of services; start a new initiative called Early Head Start to serve pregnant women and families with infants and toddlers; and improve program research.

Other Information

Further information on the Head Start program, including program statistics and evaluation reports, is available at:

http://www2.acf.dhhs.gov/programs/hsb/index.htm

The Head Start Bureau may be contacted at:

330 C Street, S.W.
Washington, DC 20447
(202) 205-8572
webmaster@acf.dhhs.gov

A searchable database of local Head Start grantees is available at:

http://www2.acf.dhhs.gov/programs/hsb/grantees/search/index.htm

HEALTH CARE FOR THE HOMELESS (HCH) PROGRAM

The **Health Care for the Homeless (HCH) Program** uses a multi-faceted approach to delivering care to homeless people by combining aggressive street outreach with primary care, mental health, and substance abuse services, as well as case management and client advocacy. It coordinates efforts with other community health providers and social service agencies. HCH was initially authorized under the Stewart B. McKinney Homeless Assistance Act of 1987. Title VI of the McKinney Act added Section 340 to the Public Health Service (PHS) Act, which established the HCH Program. The HCH Program was re-authorized under Section 330 (h) of the PHS Act by the Health Centers Consolidation Act of 1996. The Program is managed by the Division of Programs for Special Populations, under the Bureau of Primary Health Care (BPHC) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (U.S. DHHS).

HCH grantees respond to the complex needs of the homeless by providing coordinated, comprehensive approaches to care for their homeless clients. Among the many services provided by HCH programs are: primary care and substance abuse services at locations accessible to homeless people, 24-hour access to emergency health services, and referrals for homeless persons for needed hospital and mental health services not otherwise provided. In calendar year 2000, the HCH Program awarded grants to 135 community-based organizations in urban and rural areas. Grantee organizations have served nearly 500,000 clients throughout the U.S. and the Commonwealth of Puerto Rico. One grantee is the Swope Parkway Health Center in Kansas City, MO. *(See Model Cities Health Corporation/Swope Parkway Health Center in Program Pages.)* Another grantee is the Jackson-Hinds Comprehensive Health Center that operates a clinic in the Jackson Medical Mall. (*See Jackson Medical Mall in Program Pages.)* Yet another grantee is the Waikiki Health Center. *(See Ho'ola Like Outreach Project (Healers Together) in Program Pages.)*

A 1992 amendment to the McKinney Homeless Assistance Act established the Outreach and Primary Health Services for Homeless Children Program (Homeless Children's Program). Similar to its parent program, the Homeless Children's Program supports innovative programs for the delivery of outreach, health services, and referral, for both homeless children and children at risk of homelessness. The needs of these children are addressed through prevention, assessment of primary care needs, and provision of comprehensive primary care services. The Homeless Children's Program serves both the children and their families by either providing or arranging for services to address their health and social service needs. Either directly or through contract, programs must: conduct outreach activities to identify homeless and at-risk children; inform parents/guardians of the availability of health care and other support services; provide comprehensive primary health care services (including diagnostic laboratory and radiology, preventive health, dental and pharmaceutical) in a variety of settings; and establish referrals to organizations that provide other health, social, and educational programs (such as hospitals, community and migrant health centers, and Head Start programs). In calendar year 2000, the Homeless Children's Program awarded 10 grants to community-based organizations throughout

the Nation, helping to provide care to more than 22,000 clients.

Funds Available

In fiscal year (FY) 2001, budget appropriations allotted $100 million for the HCH Program, up from $88 million in FY 2000 and $80 million in FY 1999. The funding for the Homeless Children's Program was $2.5 million in both FY 2000 and FY 2001, $2.4 million in FY 1999, and nearly $2.34 million in FY 1998.

Other Information

For more information about either program, contact:

Health Care for the Homeless Program
Division of Programs for Special Populations
Bureau of Primary Health Care
Health Resources and Services Administration
4350 East-West Highway, 9th Floor
Bethesda, MD 20814
(301) 594-4430
(301) 594-2470 (FAX),

or contact either program's website:

Health Care for the Homeless — http://bphc.hrsa.gov:80/programs/HomelessProgramInfo.htm

Homeless Children's Program — http://bphc.hrsa.gov:80/programs/HCHCProgramInfo.htm

HEALTHY START INITIATIVE

The **Healthy Start Initiative** began in 1991 with 15 demonstration community-based projects with the goal of reducing infant mortality and the incidence of low-birthweight babies in areas with high infant mortality rates. By 2001, the Healthy Start Initiative operated in 94 communities, with each project specifically designed to focus on the individual needs and resources of its respective locality. The Healthy Start Initiative is administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (U.S. DHHS). *(See Maternal and Child Health Bureau in Resource References.)* The East District Families First/Healthy Families Richmond program is one example of a community program supported by the Healthy Start Initiative. *(See East End Partnership with Families (EEPWF) in Program Pages.)*

Many of the initial demonstrations were successful. Eight of the 15 projects increased prenatal care visits to healthcare professionals for pregnant women. Nine projects had lower infant mortality rates during the evaluation period, as did comparison sites and the nation as a whole. Two particularly impressive sites were Pittsburgh and New Orleans, whose infant mortality rates were reduced by 50 percent and 38 percent, respectively, due to the interventions of Healthy Start. In addition, several sites had fewer preterm births, and others experienced reductions in the number of very-low-birthweight babies.

Eligibility Criteria

In late 2000, after evaluating the strengths and weaknesses of the demonstration projects, the MCHB shifted the focus of the Healthy Start Initiative. Healthy Start communities now are required to build strong links with statewide maternal and child health programs and to offer a core set of proven interventions (based on the results of the 15 initial projects). Although Healthy Start communities still have the flexibility to design programs based on local needs, they must use model strategies with successful track records. Each program must include outreach, case management, health education, and community consortiums. Services must be prioritized based on local maternal and child health (MCH) needs assessment data. Local programs also should support and enhance statewide MCH performance goals and data collection efforts to track progress and strengthen their long-term sustainability. Programs must provide substance abuse, domestic violence, mental health, and other critical services for women at high-risk and for their families. This new direction of the Healthy Start Initiative adheres to the recommendations of the U.S. DHHS Secretary's Advisory Committee on Infant Mortality, and is consistent with the *Children's Health Act of 2000*.

Funds Available

In fiscal year (FY) 1999, the Healthy Start initiative was funded at $105 million.

Other Information

To obtain additional information about the Healthy Start Initiative, contact:

U.S. Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
Parklawn Building Room 18-05
5600 Fishers Lane
Rockville, Maryland 20857
301-443-2170

or, visit its website at:

http://mchb.hrsa.gov

HOPE VI PROGRAM

Since 1993, **HOPE VI** (formerly known as the Urban Revitalization Demonstration (URD)) has been driving the revitalization of distressed public housing developments by providing grants to address the housing and social service needs of their residents. (*See, for example, Brownfields Showcase Community: Stamford, and Hillside Terrace in Program Pages.*) The HOPE VI Program addresses revitalization in the following three main areas, as recommended by the National Commission on Severely Distressed Public Housing: physical improvements, management improvements, and social and community services to address resident needs.

Eligibility Requirements

Any public housing authority (PHA) that operates public housing units is eligible to apply for HOPE VI grants to be used for that public housing. Indian Housing Authorities and Section 8-only Authorities are not eligible for HOPE VI. HOPE VI permits expenditures for the capital costs of demolition, construction, rehabilitation and other physical improvements, development of replacement housing, and community and supportive services.

Funding Available

Grants are distributed through an annual national competition. PHAs should respond to a Notice of Funding Availability (NOFA) published in the Federal Register by submitting an application to HUD.

HOPE VI Revitalization grants fund the capital costs of major rehabilitation and improvements in public housing and its management, and community and supportive services programs for residents. HOPE VI Demolition grants fund demolition of severely distressed public housing, and relocation and services for displaced residents. For fiscal year (FY) 2001, approximately $565 million was made available through Revitalization and Demolition grants.

Other Information

For more information regarding HOPE VI, contact Jeanne M. Andersen at:

jeanne_m._andersen@hud.gov, or

Office of Public Housing Investments
U.S. Department of Housing and Urban Development
451 7 Street, S.W., Room 4130
Washington, D.C. 20410
(202) 401-8812, or

visit the HOPE VI website at:
http://www.hud.gov/offices/pih/programs/ph/hope6/.

More information regarding the HOPE VI NOFA is available at:

http://www.hud.gov/pih/programs/ph/hope6/grants/fy01/index.cfm#4.

JOB OPPORTUNITIES AND BASIC SKILLS (JOBS)TRAINING PROGRAM

The Family Support Act of 1988 created the **Job Opportunities and Basic Skills (JOBS) Training Program**, a comprehensive welfare-to-work program administered by the U.S. Department of Health and Human Services' Administration for Children and Families. The JOBS program enabled recipients of Aid to Families with Dependent Children (AFDC) to participate in job training, and work- and education-related activities. In addition, the JOBS program provided support services, such as transportation and child care, to ensure full program participation. (*See, for example, Cleveland Works, Inc., in Program Pages.*) The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 replaced the JOBS Program, along with AFDC, with the Temporary Assistance for Needy Families (TANF) program.

The purpose of the JOBS program was to enable persons in families receiving AFDC to make the transition to self-sufficiency. The program targeted those AFDC recipients most at risk for long-term welfare dependency, especially young, never-married mothers and teenage parents who did not complete high school. It also focused on AFDC recipients who had been on welfare for an extended period of time.

Other Information

For more information regarding the now-defunct JOBS program, or TANF, the replacement program for AFDC, contact the Administration for Children and Families at:

Administration for Children and Families
370 L'Enfant Promenade, S.W.
Washington, DC 20447
http://www.acf.dhhs.gov

JOB TRAINING PARTNERSHIP ACT (JTPA)

The **Job Training Partnership Act (JTPA)** was created to establish programs to provide job training programs to economically disadvantaged persons who would otherwise face barriers to employment. The intended result of programs implemented under JTPA is to increase employment, earnings, and occupational skills, and to decrease welfare dependency among the population served. (*See, for example, Cleveland Works, Inc., and New Beginnings Program in Program Pages.*) Funds from JTPA are administered by the office of the Employment and Training Administration (ETA) of the U.S. Department of Labor. As of July 1, 2000, the JTPA was superseded by the **Workforce Investment Act (WIA** - *see listing in Resource References*) of 1998.

Eligibility Criteria

Basic training funds are awarded to the governor of each state. Governors then designate service delivery areas and approve local job training plans.

Title II-A. Economically disadvantaged adults who are in need of occupational training to obtain employment are eligible to participate in these JTPA programs. At least 65 percent of beneficiaries must belong to one of the following categories: persons deficient in basic skills, school dropouts, recipients of cash welfare payments, offenders, disabled individuals, the homeless, or another category established within a particular service delivery area (with the approval of that state's governor).

Title II-B. Economically disadvantaged youth ages 14 to 21 are eligible to participate in this summer job program.

Title II-C. Economically disadvantaged youth ages 16 to 21 can participate in this program. At least 65 percent of the participants must belong to one of the following categories: basic skills deficient, educational attainment one or more years below grade level, pregnant or parenting, disabled individuals, homeless or run-aways, offenders, or drop-outs.

Funds Available

Funds are awarded to states by the national ETA office using a statutory formula, based on unemployment statistics available for the most recent 12 months.

Other Information

For more information, contact:

Employment and Training Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210
(202) 219-5303, ext.169
http://www.dol.gov

JOBS-PLUS

The **Jobs-Plus** Community Revitalization Initiative is a demonstration program designed to increase the employment and income of public housing residents. It is managed by the Moving-to-Work demonstration program of the U.S. Department of Housing and Urban Development (HUD). Currently, eight public housing developments in seven cities operate Jobs-Plus, providing intensive, employment-focused services targeting every able-bodied, working-age welfare recipient residing at the participating public housing developments. (*See, for example, Gilmor Homes (Jobs-Plus in Baltimore) in Program Pages.*) Each Jobs-Plus program encourages active participation by the residents in its design and management. It encourages cooperation between the residents, the private sector, local government, and federal agencies to eliminate the persistent poverty that plagues many public housing developments.

Eligibility Requirements

At the start of the Jobs-Plus program, interested communities were invited to submit brief statements of interest; no new applications for the initiative are being accepted. Although Jobs-Plus differs among the participating housing developments, each program must include the three following components:

- work incentives,
- intensive job training services, and
- community support for work.

Funding Availability

Five million dollars of the funding for Jobs-Plus is federal money available through HUD's Moving-to-Work initiative, and an additional $5 million comes from the Rockefeller Foundation. Each public housing authority (PHA) receives a grant of $200,000. PHA's are required to find local matches for this funding, at a minimum ratio of two to one. Additional support is received from other public and private organizations.

Other Information

Garland E. Allen, Program Officer, U.S. Department of Housing and Urban Development (202) 708-3700, extension 126, or:

U.S. Department of Housing and Urban Development
451 7th Street, S.W.
Washington, DC 20410
(202) 708-1112
www.hud.gov

MATERNAL AND CHILD HEALTH BUREAU

The **Maternal and Child Health Bureau** (MCHB) bears primary responsibility for promoting and improving the health of mothers and children in the country. The MCHB was founded as the Child's Bureau in 1912, and was expanded in 1935 when Congress enacted Title V of the Social Security Act. This authorized the Maternal and Child Health Service Programs, providing a foundation and structure for assuring the health of mothers and children. Today, Title V is administered by the MCHB, which is housed in the Health Resources and Services Administration, U.S. Department of Health and Human Services. The MCHB administered the following four major programs in fiscal year (FY) 1999:

- The Maternal and Child Health Services Block Grant (Title V);
- The Healthy Start Initiative (Public Health Service Act);
- The Emergency Medical Services for Children Program; and
- The Abstinence Education Program (Title V).

The MCH Services Block Grant program has three components: formula block grants to the 50 states and 9 territories, Special Projects of Regional and National Significance (SPRANS), and **Community Integrated Service Systems (CISS)** grants. The purpose of the state block grants is to create federal/state partnerships to develop service systems in our nation's communities to improve maternal and child health. The CISS program seeks to reduce infant mortality and improve the health of mothers and children by funding projects for the development and expansion of integrated services at the community level, such as Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*)

The Healthy Start Initiative funds the development of programs and strategies to reduce infant mortality in targeted high-risk communities, and the replication of program successes across the nation. *(See Healthy Start Initiative in Resource References.)* The Emergency Medical Services for Children Program funds grants to the states to develop or enhance EMS programs for children with critical illnesses and life-threatening injuries. The 1996 Welfare Reform legislation established the Abstinence Education Program under Title V. Between FY 1998 and FY 2001 this program has funded block grants to the states to support abstinence-only education programs.

Eligibility Requirements

Public or nonprofit institutions of higher learning and public or nonprofit agencies and organizations engaged in research, maternal and child health care and/or providing services to children with special health care needs are eligible to apply for grants from the Maternal and Child Health Bureau for FY 2001. Public or private nonprofit entities, including Indian tribes and tribal organizations are eligible to apply for funds under the Healthy Start Initiative. Applicants for the Healthy Start Initiative must have direct fiduciary and administrative responsibility for the project and must have or plan to establish a community-based consortium.

(See Healthy Start Initiative in Resource References.)

The MCH block grant program requires that states match $3 in funds or resources for every $4 in federal funds they receive, and that a minimum of 30 percent of block grant funds be used to support programs for children with special health needs.

Funds Available

In FY 1999 the four major MCHB programs had a total budget of $870 million. Out of this total, the MCHB funded approximately 500 SPRANS grants at a total of $102 million to support a variety of research and treatment programs. Also in FY 1999, $12 million was awarded in the form of 113 CISS grants. For FY 2002, funds for MCHB programs increased to nearly $942 million.

Other Information

For more information, contact:

MCHB Communications
(301) 443-0205
www.mchb.hrsa.gov

You may also request application information, guidance, and forms from:

Grants Management Officer, MCHB
HRSA Grants Application Center
901 Russel Avenue
Suite 450
Gaithersburg, MD 20879
1-877-477-2123
hrsagac@hrsa.gov

MEDICAID

Medicaid is a jointly-funded, federal-state health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federal income maintenance payments. In some cases health care programs derive some of their funding from Medicaid, such as the Swope Parkway Health Center. (*See Model Cities Health Corporation/ Swope Parkway Health Center in Program Pages.*) Medicaid is the largest program providing medical and health-related services to America's poorest people. Within broad national guidelines which the federal government provides, each of the states does the following:

- establishes its own eligibility standards;
- determines the type, amount, duration, and scope of services;
- sets the rate of payment for services; and
- administers its own program.

The Medicaid program has varied considerably by state, as well as within each state over time.

Eligibility Criteria

To be eligible for federal funds, states are required to provide Medicaid coverage for most individuals who receive federal income maintenance payments, as well as for related groups not receiving cash payments. Under federal standards, Medicaid does not provide medical assistance for all poor persons. However, states can expand their program eligibility guidelines to serve more persons than the federal guidelines allow for. Thus, eligibility requirements for Medicaid benefits vary by state.

Funding Availability

A description of the basic services states provide to Medicaid recipients is available at:

http://www.hcfa.gov/medicaid/mservice.htm

Other Information

For more information, contact your state Medicaid official. A list of officials is available at:

http://www.hcfa.gov/medicaid/obs5.htm.

You may also contact federal Medicaid officials with questions about specific aspects of the Medicaid program. A list of federal Medicaid officials by specialty area is available at:

http://www.hcfa.gov/medicaid/fcontact.htm

MEDICAL INSTITUTIONS/HEALTH PLANS (PRIVATE FOR PROFIT)

Medical care from private institutions is not provided just to those who can afford it or those who have health insurance coverage. Many medical institutions and health plans have recognized the need in their surrounding communities for health care services for those who are medically indigent.

Saint Mary's Hospital. **Saint Mary's Hospital** has served the Saginaw, MI, community for more than 125 years. In recent years Saginaw has suffered from urban decay, crime, and disinvestment, impeding Saint Mary's ability to recruit professionals and attract patients from the surrounding counties. Recognizing that its solvency was dependent on the financial stability of its community, Saint Mary's partnered with the Neighborhood Renewal Services of Saginaw, Inc., (NRS) and a number of public and private organizations to revitalize the Cathedral District surrounding the hospital. (*See Center for Health Professions in Program Pages.*) Through the Cathedral District Project 2000, Saint Mary's has provided NRS with the financial resources and institutional guidance necessary to continue with its community revitalization efforts. Thirty-eight percent of Saint Mary's community investment funding pool of $1.76 million goes to NRS. For more information concerning Saint Mary's Hospital and its community revitalization activities, visit the hospital's website at: http://www.saintmarys-saginaw.org.

Saint Vincent Hospital. **Saint Vincent Hospital**, a teaching hospital committed to creating healthy communities in its surrounding areas, is located at the Worcester Medical Center. (*See Worcester Medical Center in Program Pages.*) More information about the hospital is available at: http://www.stvincenthospital.com.

Trigon Blue Cross Blue Shield. With more than two million members and serving about one our of every three Virginians, **Trigon Blue Cross Blue Shield** is the largest managed health care company in Virginia. Founded in 1935 as a prepaid hospital plan, to maintain its leadership position in the Virginia healthcare market, the company converted from a not-for-profit health insurer to a publicly traded managed care company in early 1997. Despite this conversion, Trigon's mission remains the same — to provide access to affordable, quality health care through a choice of products and networks that meets the individual needs of its clients. Trigon works with its members, physicians, and other healthcare providers to make the process of getting well and staying healthy as easy and as cost-effective as possible. Its reputation for quality service leads more than 91 percent of Virginia's practicing physicians and 100 percent of Virginia's acute care hospitals to participate in at least one of Trigon's healthcare networks.

To meet the diverse healthcare needs of its clients, Trigon and its affiliated Health Maintenance Organizations (HMOs) offer a variety of health plans, including traditional fee-for-service, Preferred Provider Organizations (PPOs), and HMOs. Trigon also offers plans for customers with special circumstances, such as Supplemental Plans for individuals who are eligible for Medicare. These plans provide coverage that supplements Medicare benefits. In addition, Trigon makes charitable contributions to Virginia organizations such as the Challenge

Discovery Projects. (*See East End Partnership with Families (EEPWF) in Program Pages.)*
For more information, visit Trigon's website at: http://www.trigon.com.

MEDICAL INSTITUTIONS/HEALTH PLANS (PRIVATE NOT FOR PROFIT)

Nonprofit medical institutions and health plans tend to focus their activities on providing the widest range of care to the greatest number of patients in their communities, rather than on maximizing their profitability. Thus, they widely participate in or donate to community outreach programs that provide access to health care services to the medically underserved. Examples of some medical institutions and health plans that participate in community outreach activities follow.

Cooper Hospital. **Cooper Hospital,** a part of the Cooper Health System, is an academic medical center located in Camden, NJ. As a leading teaching hospital, Cooper offers a variety of medical education programs and resources. Cooper is also one of several medical institutions that supports the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative/Rowan University in Program Pages.*) For more information, visit the Cooper Health System website at: http://www.cooperhealth.org.

Jefferson Hospital. **Jefferson Hospital**, located in Louisville, GA, is a 37-bed acute care hospital. The hospital is one of the several partners involved in the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) The hospital can be contacted by calling: (478) 625-7000.

Kaiser Permanente (Northwest). **Kaiser Permanente** is the largest not for profit health maintenance organization in the United States. Because of its designation as a not for profit organization, Kaiser remains committed to the health and well-being of the communities in which it operates. Activities to improve the health of communities include assistance to the uninsured and special populations, training new health professionals, introducing new delivery and financing methods for health care, and developing and sharing better ways to care for patients.

In the Northwest, Kaiser Permanente donates to the communities in that area in several additional ways. As part of Kaiser's community improvement efforts, in 1999, more than $340,000 was awarded in cash grants to organizations within Northwest Oregon and Southwest Washington, one of which was Community Choices 2010 (CC 2010). (*See Community Choices 2010 (CC 2010) in Program Pages.*) This follows donations of surplus property totaling more than $100,000 to 25 nonprofit organizations in 1998. Additionally, Kaiser also provides in-kind contributions, and supports the Volunteer Ambassador Program, which provides a grants program for Kaiser employees, physicians, and dentists who volunteer in nonprofit organizations. More information about Kaiser Permanente, including regional activities and application information for grants, is available at its website at: http://www.kaiserpermanente.org.

Our Lady of Lourdes Medical Center. **Our Lady of Lourdes Medical Center** is a teaching hospital that serves the healthcare needs of the South Jersey community. The Medical Center is committed to a wide range of community outreach activities that serve children, seniors, the homeless, and the medically underserved. One example of this is the Medical Center's

participation in the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative/Rowan University in Program Pages.*) More information is available at the Our Lady of Lourdes Medical Center website at: http://www.lourdesnet.org.

St. Joseph's Regional Health System (CA). **St. Joseph's Regional Health System** encompasses nine counties within the state of California. The six hospitals that belong to the System have a long tradition of community service in their surrounding areas. All of these hospitals engage in activities that improve the health and well-being of their communities through partnerships with physicians, other health care providers, and residents. Although headquartered in California, St. Joseph provides funding for the Maternal and Infant Health Outreach Worker Project (MIHOW) in Tennessee. (*See Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*)

In 1996, St. Joseph's became a member of Catholic Healthcare West (CHW), a co-sponsored health ministry serving California, Arizona, and Nevada, that is committed to bettering the health of its communities. St. Joseph's Regional Health System is the San Joaquin-Sierra Region CHW facility. More information about St. Joseph's Regional Health System and CHW is available at: http://www.chwsanjoaquin.com.

Southwest Washington Medical Center. The first hospital in the Pacific Northwest, **Southwest Washington Medical Center** has served the Clark County, WA, area for more than a century. The hospital emphasizes community partnerships in order to improve the health status of its community. This emphasis on partnership is reflected in its initiation and funding of the Community Choices 2010 program, along with Kaiser Permanente. (*See Community Choices 2010 writeup in Program Pages. See also the writeup for Kaiser Permanente above.*) For more information about the Southwest Washington Medical Center, visit its website at: http://www.swmedctr.com.

West Jersey- Virtua Health System. Ensuring the health of the southern New Jersey community is part of the **Virtua Health System's** mission; it is dedicated to the wellness of its community. Through its community outreach programs, Virtua frequently develops partnerships with other nonprofit organizations, neighborhood associations, businesses, churches, and other organizations, thus strengthening its programs and extending its services to more people. One such example of this is Virtua's participation in the Camden Community Health Worker Initiative. (*See Camden Community Health Worker Initiative/Rowan University in Program Pages.*) For more information about Virtua Health Systems, its hospitals in West Jersey, and its other community outreach programs, visit its website at: http://www.wjhs.org.

METROPOLITAN COUNCIL

The **Metropolitan Council** is the regional planning organization for the seven-county metro area around the Twin Cities (Minneapolis and St. Paul, MN). The Council provides everyday services to residents of the Twin Cities area, and also plans for future growth in the area. For example, the Metropolitan Council operates the region's bus system, collects and cleans wastewater, manages parks and trails in the area, and funds projects to provide housing to low- and moderate-income families. Additionally, it forecasts the region's growth, creates a plan to shape it, and makes decisions about how to expand services to an increased number of residents.

The Council also administers a grant program established by the 1995 Metropolitan Livable Communities Act to clean up brownfields and prepare them for commercial and industrial development. (*See Brownfields Showcase Community: St. Paul in Program Pages.*) As of June 2000, the Council had awarded $28 million to 66 projects to clean up more than 650 acres of brownfields. At this time, the Council projects that by 2010, it will have awarded $100 million in grants to clean up 2,600 acres of brownfields.

Other Information

For more information, contact:

Metropolitan Council Regional Data Center
(651) 602-1140
data.center@metc.state.mn.us
http://www.metrocouncil.org

METROPOLITAN PLANNING COUNCIL

The **Metropolitan Planning Council (MPC)** is a nonprofit, nonpartisan group of business and civic leaders committed to serving the public interest through the promotion and implementation of planning and development policies for the Chicago region. MPC conducts policy analysis, outreach, and advocacy in partnership with public officials and community leaders to improve equity of opportunity and quality of life within metropolitan Chicago. MPC's main areas of concern are transportation, housing, urban development, and regional development. Three specific issues MPC is addressing are traffic congestion, the distance between housing and jobs, and the loss of green space. Thus, MPC has partnered with others to participate in Chicago's Brownfields initiative. (*See Brownfields Showcase Community: Chicago in Program Pages.*) More information about MPC is available at its website at: http://www.metroplanning.org.

MODEL CITIES

Model Cities was established as a U.S. Department of Housing and Urban Development (HUD) program by the Demonstration Cities and Metropolitan Development Act of 1966. Its purpose was to eliminate the problems found within slums and areas of urban blight. (*See Model Cities Health Corporation/Swope Parkway Health Center in Program Pages.*) The Model Cities program is no longer active; it was superseded by the Housing and Community Development Act of 1974.

Eligibility Criteria

Cities were required to use a combination of federal, state, local, and private funds to finance activities intended to relieve the social, economic, and physical problems of their troubled communities. These activities included the following: expanding housing and job opportunities, improving educational facilities, and providing social services to local residents.

Funding Available

While in operation, the Model Cities program provided over $22 million in planning grants, $29 million for technical assistance, and $2 billion in operating funds. HUD continues to finance Model Cities-type activities through Community Development Block Grants (CDBG Program - *see listing in Resource References*).

Other Information

For more information regarding the Model Cities program or its successor, the Community Development Block Grant Program, contact:

U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410
(202) 708-1112
www.hud.gov

NATIONAL PARK SERVICE

The **National Park Service (NPS)**, a bureau of the U.S. Department of the Interior, was created in 1916 to manage the nation's parks. The NPS runs several education and conservation programs in addition to managing the National Park System. The Rivers, Trails, and Conservation Assistance (Rivers and Trails) Program of the NPS seeks to help citizens and community leaders plan and develop locally led conservation projects, with special priority given to working in urban areas; it does not plan or lead these conservation efforts itself. In 1996 a memorandum of understanding between the Rivers and Trails Program and the U.S. Environmental Protection Agency was signed, recognizing the role the Rivers and Trails Program could play in complementing Brownfields projects in urban areas. (*See, for example, Brownfields Showcase Community: Dallas in Program Pages.*) The Rivers and Trails Program offers two types of assistance — staff assistance and consultation.

Eligibility Criteria

Rivers and Trails projects are only initiated per the request of local officials. Staff assistance programs require a deep involvement of NPS Rivers and Trails staff and the concerned community. These projects typically last one to three years, depending on the nature of the work involved. Communities are assigned a Rivers and Trails staff person to help them work on their project. Communities that have participated in the Rivers and Trails staff assistance programs in the past have had the following characteristics:

- an involved public;
- committed local partners;
- an "eye on results"; and
- significant resources.

The NPS does not provide funding to participants in the Rivers and Trails Program. Rather, NPS staff help participants acquire funding from other public and private organizations. Due to the limited availability of NPS Rivers and Trails staff, although more than 300 communities requested staff assistance in fiscal year (FY) 2001, only 107 were actually able to participate.

Consultations require less involvement on the part of both Rivers and Trails staff and the community undertaking conservation efforts. They consist typically of one or two meetings or phone calls. During this time a Rivers and Trails staff member can assess or offer advice regarding a community's project. Consultations do not require meeting specific criteria or filing an application. They can be arranged by calling your local Rivers and Trails program office.

Funds Available

As noted above, the Rivers and Trails program does not provide direct monetary assistance to participating communities. In FY 2001, over $8 million of the NPS budget was

allotted to the Rivers and Trails program, for staff assistance, consultations, and other functions.

Other Information

For more information contact:

National Park Service Headquarters
1849 C Street, N.W.
Washington, DC 20240
(202) 208-6843
www.nps.gov

NATIONAL REGISTER OF HISTORIC PLACES

The **National Register of Historic Places** is the nation's official list of cultural resources worthy of preservation. Authorized under the National Historic Preservation Act of 1966, the National Register is part of a national program to coordinate and support public and private efforts to identify, evaluate, and protect historic and archeological resources. The National Register is administered by the **U.S. National Park Service (NPS)**, which is part of the U.S. Department of the Interior.

The National Park Service awards grants to preserve and protect cultural resources nationwide. (*See National Park Service in Resource References for more information.*) Listing in the National Register presents several benefits for endeavors to preserve historic properties, such as: recognition that a property is of significance to the nation, the state, or the community, consideration in the planning for Federal or federally assisted projects, eligibility for Federal tax benefits, and qualification for Federal assistance for historic preservation, when funds are available.

Eligibility Criteria

The National Register includes locations that exhibit some importance to American history and/or culture; or

- that are associated with events that have made a significant contribution to the broad patterns of our history; or
- that are associated with the lives of significant people in our past; or
- that embody the distinctive characteristics of a type, period, or method of construction or art; or
- that have yielded or may be likely to yield, information important in prehistory or history.

Generally, properties eligible for listing in the National Register are at least 50 years old.

Funds Available

A variety of types of federal assistance is available for locations on the National Register. For example, since 1985 more than $40 million in Heritage Preservation Services grants have been allocated to the Certified Local Government program to help local governments preserve what is significant from their community's past. In addition, in 1999 Indian tribes received over $1 billion to preserve their historic properties and cultural traditions through the Tribal Protection Program. Also, the National Historic Register has partnered with other federal and local government agencies to participate in the Dallas brownfields redevelopment initiative. (*See Brownfields Showcase Community: Dallas in Program Pages.*) For more information on Federal grants for historic preservation and the Federal tax incentive program, visit the NPS homepage at www.nps.gov.

Other Information

For more information contact your State Historic Preservation officer, or:

National Register of Historic Places
National Park Service
1849 C Street, N.W.
NC400
Washington, DC 20240
(202)343-9536 or
(202)343-9500

NCB DEVELOPMENT CORPORATION (NCBDC)

The NCB Development Corporation (NCBDC) is a non-profit, national financial intermediary that directs capital, technical assistance, and other resources to underserved communities throughout the nation. As a leader in the field of community development finance, NCBDC acts as a catalyst to improve or change existing systems for delivering essential community services through a dynamic combination of financial and development services. Over the course of its twenty year history, NCBDC, in collaboration with National Cooperative Bank (NCB), has loaned or invested more than $1 billion in its primary markets: education, affordable housing, health care, affordable assisted living, worker ownership and community development.

NCBDC has provided technical assistance and financing to a wide range of health care providers including: community health centers, mental health clinics, drug and alcohol rehabilitation providers, job training and support organizations for people with physical disabilities, PACE (Program of All-inclusive Care to the Elderly), and other organizations that provide care to low-income populations. NCBDC offers the following types of loans: business planning advances, construction loans, term loans (for equipment financing or the purchase of other fixed assets), lines of credit, and mortgages.

For more than 16 years, NCBDC has provided financial services and technical expertise to community health centers and clinics nationwide. Because many of these facilities were built 30 or more years ago, they now need upgrading to enable them to continue to provide affordable, quality services to the nation's growing uninsured populations. In addition, many health centers have difficulty obtaining the financing that they need. NCBDC acts as the Lender Coordinator for the Health Resources and Services Administration's Loan Guarantee Program. The Program provides federal guarantees to help eligible health centers obtain project financing from financial institutions on reasonable terms and conditions. (*See the following Resource References: Community Health Center (CHC) Program* and *Title XVI Health Center Facility Loan Guarantee Program.*)

Recently, NCBDC and the California Primary Care Association (CPCA) (the trade association for the state's community health centers and clinics) created a unique loan program to benefit the state's nonprofit health centers. *(See Primary Care Associations in Resource References.)* Capitalized by The California Endowment ($10 million) and NCBDC ($1 million), the program provides low-cost financing for the purchase of new information systems and working capital to meet one-time emergency needs. NCBDC serves as program underwriter and has worked closely with CPCA staff and board members to develop highly flexible lending criteria and ensure quick turnaround times. NCBDC is actively working with other state primary care associations to replicate the model created in California.

Eligibility Criteria

NCBDC provides financial and technical expertise to cooperatives and nonprofit organizations whose operating structure is based on cooperative principles of self-help, democratic control, and open participation, and to the for-profit affiliates of these non-profit entities. Services are rendered to enable underserved communities to: provide affordable assisted living facilities, foster economic development, build low- and moderate-income housing, provide alternatives to failing schools (e.g., charter schools), and make health care available for the poor and uninsured.

Other Information

For additional information about the products and services of the NCBDC, visit their website (www.ncbdc.org), or contact:

Scott Sporte
NCB Development Corporation
1333 Broadway, Suite 602
Oakland, CA 94612
510-496-2223 (Phone)
510-496-0404 (FAX)

NEIGHBORHOOD REINVESTMENT CORPORATION (NRC)

The **Neighborhood Reinvestment Corporation (NRC)** was created in 1978 by an act of Congress to revitalize America's older, distressed communities. Neighborhood Reinvestment Corporation is a public, nonprofit housing intermediary devoted to preserving affordable housing and expanding access to mortgage credit. The NRC's **NeighborWorks® network**, a nationwide network of more than 200 nonprofit housing organizations, like the **Neighborhood Renewal Services (NRS) of Saginaw, Inc.**, focuses on affordable housing and community development activities. (*See Center for Health Professions in Program Pages.*) NRC strengthens the national network through training, technical assistance and funding.

The NRC has a proven record of leveraging private sector resources to promote home ownership and helping to strengthen America's communities. In addition, the ongoing NeighborWorks® Campaign for Home Ownership 2002 plans to — create an additional 35,200 new home buyers, educate 250,000 families about home ownership, leverage $2.5 billion of investment in underserved communities, and open 50 NeighborWorks® Home Ownership Centers, all by the year 2002. The largest national initiative of its kind, the Campaign involves banks, insurance companies, secondary market lenders, government agencies, the real estate community, and other groups working with more than 100 local community-based organizations to increase home ownership among low- and moderate-income families.

Eligibility Criteria

Each of the 215 local NeighborWorks® organizations is a unique, autonomous, community-based nonprofit that meets the needs of its community. For example, the Neighborhood Renewal Services of Saginaw, Inc., is a partnership of government, business, and residents dedicated to combating blight and providing affordable housing in the city of Saginaw. Nonprofit community-based organizations that focus on community revitalization and the production of affordable housing for people with low and moderate incomes are eligible to submit an application for affiliation with the NeighborWorks® network. Representatives of local communities also can contract with NRC to create an organization that meets both local needs and the membership criteria of the network. To be eligible for membership, organizations must have the following:

- a resident-led partnership that includes residents, business leaders and government representatives;
- broad support in the community, including financial resources for operating expenses and programmatic work; and
- the organizational capacity to accomplish its mission, e.g., sound financial and management systems and the professional staff necessary to achieve the organization's goals.

Applications for membership in the NeighborWorks® network are available in January and must be submitted to the appropriate office by March 31. Applications may be received by contacting

the appropriate district office, and, once submitted, are evaluated on a competitive basis.

Funds Available

Membership in the NRC NeighborWorks® network provides several benefits. The benefits of membership include the following: training and technical assistance, access to the services and resources of Neighborhood Housing Services of America (NHSA), access to special initiatives such as the NeighborWorks® Campaign for Home Ownership 2002, and access to competitive grants for administration and capital projects.

Each NeighborWorks® uses a flexible revolving loan fund to foster community development. These funds are used to leverage other private and public sector loan capital. Thus, revolving loan fund money comes from a variety of sources, including NRC. In 1999, NRC awarded more than $63 million in grants. Of this, neighborhood organizations' revolving loan funds received a total of $30.2 million in capital and $25.9 million in expendable funds. In fiscal year (FY) 2001, NeighborWorks® organizations generated more than $1.4 billion for affordable housing and community development activities, $90.2 million of which came from the organizations' revolving loan funds.

Other Information

For more information about the NeighborWorks® network, contact the appropriate district office, or:

Neighborhood Reinvestment Corporation
1325 G Street, N.W.
Suite 800
Washington, DC 20005-3100
(202) 220-2300
www.nw.org

The Neighborhood Renewal Services of Saginaw, Inc., can be reached at:

Mark A. Neumeier, Executive Director
Neighborhood Renewal Services of Saginaw, Inc.
427 Atwater
P.O. Box 1484
Saginaw, MI 48605
(517) 753-4900
(517) 753-8545 (fax)
NRSSAG@aol.com

NORTHEAST HAZARDOUS SUBSTANCE RESEARCH CENTER

In 1989 the U.S. Environmental Protection Agency (EPA) established the Hazardous Substance Research Centers (HSRC), a national organization funded through the EPA to conduct research, technology transfer, and training. Additional funding sources include the U.S. Departments of Defense and Energy, academia, industry, and other state and federal government agencies. The **Northeast Hazardous Substance Research Center (NHSRC)** is one of the five multi-university centers that make up the HSRC. The NHSRC service area covers Regions I and II of the EPA, and its participants include the New Jersey Institute of Technology, the Massachusetts Institute of Technology (MIT), Princeton University, Rutgers University, Stevens Institute of Technology, Tufts University, and the University of Medicine and Dentistry of New Jersey.

Each regional center focuses on different aspects of hazardous substance management. Major problems faced uniquely by Regions I and II include an aging industrial base, a dense population, and a concentration of pharmaceutical industries. A significant portion of the urban areas in these Regions have been contaminated by hazardous substances originating from industrial sources. Thus, redevelopment of Brownfields is a high priority for the NHSRC. (*See Brownfields Showcase Community: Trenton in Program Pages.*)

In addition to the activities listed above, the NHSRC and the other regional HSRCs also actively participate in community outreach. Since 1994, the Technical Outreach Services for Communities (TOSC) program has guided communities through the environmental cleanup and site reuse process. TOSC is a no-cost, non-advocacy technical assistance program. More recently, the Technical Assistance to Brownfields Communities (TAB) program at the NHSRC has been established as part of EPA's Brownfields Initiative to help communities clean and redevelop properties that have been damaged or undervalued due to environmental contamination. (*See Brownfields Showcase Community: Trenton in Program Pages.*) The purpose of these efforts is to create better jobs, increase the local tax base, improve neighborhood environments (and, thus, the health of residents), and enhance the overall quality of life.

Eligibility Criteria

Communities that are located in EPA Regions I and II, and are contaminated by hazardous or toxic waste are eligible for free assistance from NHSRC TOSC professionals. Assistance is provided on a first-come, first-served basis. Communities with the following aspects are more likely to be selected for assistance:

- environmental justice issues;
- human health protection issues;
- high community interest;
- good community organization;
- multiple sources of request;
- community can benefit from educational efforts; and

- potential exists for TOSC to provide assistance early enough in the process to be meaningful.

The TAB program seeks to aid community groups, municipal officials, developers, and leaders with lending institutions in furthering their community brownfields redevelopment efforts.

Funds Available

In fiscal year (FY) 1998, funds were available for four communities to receive TAB assistance in each of the five regional HSRCs. In early FY 2002, in approximately 16 sites around the country, TAB program assistance had been provided. The TOSC program had been active in approximately 59 sites. In addition, TAB had served approximately 2 Native American sites, and TOSC had served approximately 12 Native American sites.

Other Information

For more information regarding the NHSRC, visit its website at:

http://njcmr.njit.edu/nhsrc

or contact:

Dr. Piero M. Armenante
(973) 596-3548
armenante@adm.njit.edu

The national HSRC can be contacted through:

Dr. Dale Manty, Program Director
U.S. EPA (8703)
401 M Street, S.W.
Washington, DC 20460
(202) 564-6922
manty.dale@epamail.epa.gov
http://www.hsrc.org

For hazardous waste clean-up assistance, contact your regional TOSC/TAB program. A list of hotline numbers for the EPA Regions is available at:

http://www.toscprogram.org

PHILANTHROPIC INSTITUTIONS

Philanthropic foundations are private endowed institutions that award grants according to programmatic guidelines unique to each foundation. A list of foundations that donate to various nonprofit organizations and programs follow. For a more comprehensive listing of existing private philanthropic foundations and their funding activities, visit The Foundation Center, a clearinghouse of information on all forms of giving (http://www.fdncenter.org).

Aaron Diamond Foundation. From 1987 to 1996, the **Aaron Diamond Foundation**, distributed over $220 million to more than 700 New York City organizations, including the Agenda for Children Tomorrow (ACT). (*See Agenda for Children Tomorrow in Program Pages.*) The Foundation planned from the beginning to reduce its assets each year for 10 years, and thus closed its doors, as expected, at the end of 1996.

Annie E. Casey Foundation. The **Annie E. Casey Foundation** fosters public policies, human service reforms, and community programs that more effectively meet the needs of disadvantaged children and families. The Foundation provides grants to public and nonprofit organizations to strengthen support services, social networks, physical infrastructure, employment, self-sufficiency, and economic vitality of distressed communities. Funding available through the Foundation is distributed according to three strategic themes, Reforming Public Systems, Promoting Accountability and Innovation, and Transforming Neighborhoods.

The Casey Foundation supports a vast array of organizations and programs, including the Comprehensive Community Revitalization Program (CCRP) and Jobs-Plus. (*See the following Program Pages: Comprehensive Community Revitalization Program (CCRP), East End Partnership With Families (EEPWF),* and *Gilmor Homes (Jobs-Plus in Baltimore).*) In addition, in 1995, the Foundation also developed the **Jobs Initiative** to provide funding and support for community-based workforce development initiatives in Denver (CO), New Orleans (LA), St. Louis (MO), Philadelphia (PA), Seattle (WA), and Milwaukee (WI). (*See Brownfields Showcase Community: Seattle in the Program Pages.)* Created to assist young, low-income workers to find meaningful jobs and to identify national employment and training models, the Jobs Initiative continues to operate in all the original sites except Denver. The Jobs Initiative activities has launched activities in fields such as construction, health care, manufacturing, and teleservices.

In 1999, the Foundation made grants totaling more than $110 million — more than $62 million for Reforming Public Systems, almost $23 million for Promoting Accountability and Innovation, and more than $24 million for Transforming Neighborhoods. More information about the Annie E. Casey Foundation, including grant request guidelines, is available at: http://www.aecf.org.

Bankers Trust Company Foundation. Bankers Trust Company, a commercial wholesale bank, was acquired by Deutsche Bank in 1999. Thus, the **Bankers Trust Company Foundation**, the corporate foundation and giving program of Bankers Trust, no longer exists.

When in existence, the goal of the Foundation was to use market forces for social change by leveraging private capital, primarily for community development programs in New York City, such as the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) Grants (which averaged $40,000) were made for a three-year period, followed by a two-year loan period. The Foundation awarded a total of $9.5 million in gifts in 1996. To obtain more information about the Bankers Trust Company, visit the Deutsche Bank website: www.db.com.

Bernard van Leer Foundation. The **Bernard van Leer Foundation** is a private foundation created in 1949 that is based in the Netherlands and operates internationally. Its mission is to improve opportunities for disadvantaged young children up to age 7 by increasing access to health care and education, and social and economic justice, and by creating a sustainable natural environment and opportunities for self-fulfilment. The Foundation is involved in two types of activities: grant-making programs in 40 countries aimed at developing contextually appropriate approaches to early childhood care and development; and sharing knowledge about early childhood development that stems from experiences generated by the projects that the Foundation supports, with the aim of informing and influencing policy and practice.

The Foundation awards grants according to strict geographic and programmatic criteria. Grants can only be made for projects concerned with the development of disadvantaged children aged 0-7 years, and in eligible countries, including the United States. Grants are made to governmental and non-governmental, nonprofit organizations. Awards are either one-time grants, or long-term grants for development projects, as the one made to the Maternal and Infant Health Outreach Worker Project (MIHOW). (*See Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*) For more information on the Bernard van Leer Foundation, including information about submitting grant proposals, visit the Foundation's website at: http://www.bernardvanleer.org.

Booth Ferris Foundation. The **Booth Ferris Foundation** was created in 1964 by a merger of trusts established by Willis H. Booth and his wife, Chancie Ferris Booth. The Foundation's primary interest is in the field of education, including smaller colleges, independent secondary schools, and theological schools. The Foundation also makes grants in the areas of civic and urban affairs, and culture; the Foundation occasionally makes grants in other areas as well. Additionally, the Foundation has provided funding to such initiatives as the Agenda for Children Tomorrow (ACT) and the Comprehensive Community Revitalization Program (CCRP). (*See Agenda for Children Tomorrow (ACT) and Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) In 2000, the Foundation awarded more than $12 million in grants. The Foundation may be contacted by calling (212) 809-1630.

CIGNA Foundation. The **CIGNA Foundation** is the philanthropic arm of the CIGNA Corporation. The Foundation has contributed more than $7 million to charitable causes since the end of 1999. The Foundation lends supports to various health, educational, cultural and community programs, for example, the Abbottsford and Schuylkill Falls Community Health

Centers. (*See Abbottsford and Schuylkill Falls Community Health Centers in Program Pages.*) More information about the Foundation is available at the CIGNA website at: http://www.cigna.com.

Clark Foundation. The **Clark Foundation** assists organizations in New York City whose programs work directly with social services, as well as organizations in New York City and Cooperstown, NY, that the Foundation has traditionally supported. In New York City, the Foundation supports programs in the areas of education, employment, social services, and training, such as the Comprehensive Community Revitalization Program (CCRP). *(See Comprehensive Community Revitalization Program (CCRP) in Program Pages.)* In Cooperstown, the Foundation supports museums, as well as medical, charitable, welfare, and educational programs.

In fiscal year (FY) 2000, the Clark foundation granted more than $13 million to nonprofit organizations. The Clark Foundation can be reached by calling: (212) 977-6900.

Edna McConnell Clark Foundation. The **Edna McConnell Clark Foundation** began in 1969, when Edna McConnell Clark, a daughter of the founder of Avon Products, decided with her husband to revamp what had become a very large, but unstaffed, family foundation. The Foundation today is a nonprofit organization that focuses on five initiatives: child protection, New York neighborhood improvement, student achievement, youth development, and institution and field building. Grants are made to nonprofit organizations that address narrowly defined areas within each initiative, seeking to improve conditions for the poor and disadvantaged. One grantee is the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) In 2000, nearly $44 million in grants were awarded, and the Foundation's assets were valued at $713 million. For more information, visit the Foundation's website at: http://www.emcf.org.

Fallon Foundation. Established in 1988, the **Fallon Foundation** is a non-profit organization dedicated to providing community resources for the promotion of community health through research relating to human health and disease, public education in health maintenance and disease prevention, and the provision of health services to the medically indigent. The Foundation's mission is accomplished by providing scholarships and charitable support, and by grant-making. Through its Scholarship Fund, the Foundation provides several awards for full-time or part-time study in the health professions. Additionally, the Fallon Foundation General Fund supports the philanthropic efforts of the Foundation's Community Benefits and Community Relations departments. The General Fund provides nonprofit organizations, special programs, and individuals with operating support for education and research programs, public education in health maintenance and disease prevention, and health care delivery. For example, the Foundation has been an active participant in establishing the Worcester Medical Center. (*See Worcester Medical Center in Program Pages.*)

The Fallon Foundation is an affiliate of the Fallon Healthcare System, which also includes Fallon Clinic and Fallon Community Health Plan. Fallon Clinic is a premier, multi-specialty

group practice. For more information on the Fallon Foundation and the resources it offers, visit the Fallon Clinic website at: http://www.fallon-clinic.com.

Ford Foundation. The **Ford Foundation** is a resource for people and organizations worldwide seeking to strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement. The Foundation encourages initiatives by those living and working closest to the problems, collaboration among the nonprofit, government, and business sectors, and participation by men and women from diverse communities. The Foundation accomplishes its goals primarily through grant- and loan-making to build knowledge and strengthen organizations and networks. Since its inception in 1936, the Ford Foundation has provided slightly more than $10 billion in grants and loans, which includes financial support to both the Agenda for Children Tomorrow (ACT) and the Maternal and Infant Health Outreach Worker Project (MIHOW). (*See Agenda for Children Tomorrow (ACT) and Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*)

The Foundation organizes its financial awards into three different categories. Asset Building and Community Development consists of economic development, community and resource development, and human development and reproductive health. Peace and Social Justice covers human rights and international cooperation, and governance and civil society. Finally, Education, Media, Arts and Culture is divided into education, knowledge, and religion; and media, arts, and culture. The Foundation's funds are limited in relation to the great number of worthwhile proposals received. For example, in 2000 the foundation received 39,000 grant requests and made 2,572 grants. Go to the Foundation's website for a more extensive description of the Foundation, and for its eligibility requirements and funding availability (http://www.fordfound.org).

Foundation for Child Development. The **Foundation for Child Development** (FCD) is a private philanthropy dedicated to the principle that all families should have the social and material resources to raise their children to be healthy, educated, and productive members of their communities. The Foundation seeks to understand children, particularly the disadvantaged, and to promote their well-being. Thus, the Foundation for Child Development is one of the partners in the Agenda for Children Tomorrow (ACT). (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) Broadly, the Foundation supports the following activities:

- basic and policy-relevant research about the factors that promote and support the optimal development of children and adolescents;
- policy analysis, advocacy, services, and public education to enhance the discussion and adoption of social policies that support families in their important child-raising responsibilities; and
- leadership development activities linked to the programmatic focus of the foundation.

More information about the Foundation, including grant application guidelines, is available at: http://www.ffcd.org.

Hearst Foundation. **The Hearst Foundation, Inc.**, was founded in 1945 by philanthropist William Randolph Hearst. Its main funding priorities are the following: education, health, social service, and culture. With its health funding, the Hearst Foundation is committed to supporting programs that seek to improve and assure access to quality health care for underserved populations in both urban and rural areas. Grants are awarded primarily to leading regional hospitals, medical centers and specialized medical institutions, such as children's hospitals. The Foundation supports direct medical services that promote wellness, prevention, and rehabilitation. Primary areas of interest include cancer, perinatology, pediatrics, women's health, and healthcare for the elderly and the disabled. A small number of grants are made to support medical research, primarily in the areas of cancer and pediatric neuromotor disabilities. In addition, the Foundation has established several endowments at leading medical research institutions to provide research fellowships for young researchers. Also, the Foundation supports human service agencies that foster effective solutions to social and economic problems. Preference is given to well-established organizations that provide comprehensive, direct-service programs, such as the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*)

The Foundation provides the following kinds of support: endowments, funding for specific programs or projects, a limited number of challenge grants, and general operating support. Several eligibility requirements and funding restrictions apply to Hearst Foundation grants. For more information, visit http://www.hearstfdn.org.

Henry J. Kaiser Family Foundation. The **Henry J. Kaiser Family Foundation** is a philanthropic foundation focusing on the major health care issues facing the United States. The Foundation is primarily an operating organization that develops and runs its own research and communications programs, often in partnership with outside organizations. The Foundation contracts with a wide range of outside individuals and organizations through its programs and also continues to make a small number of grant awards for unsolicited proposals each year.

The Foundation's activities fall into three main areas: Health Policy, Media and Public Education, and Health and Development in South Africa. The Foundation supports the Westside Health Authority through the **Opening Doors Program**, operated in conjunction with the Robert Wood Johnson Foundation. The purpose of the Opening Doors program is to reduce sociocultural barriers to health care. *(See Westside Health Authority in Program Pages.)* More information about the Foundation and its activities is available at its website at: http://www.kff.org.

Ittleson Family Foundation. The **Ittleson Family Foundation** has served the needs of the disadvantaged and provided resources for nonprofit organizations since 1932. The Foundation provide funds for new initiatives and model projects, such as the Agenda for Children Tomorrow (ACT), which have the potential to greatly enhance public policy and the lives of citizens. (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) Currently, the Foundation's program interests are AIDS, the environment, and mental health. In 1999, the Foundation awarded more than $1 million in program and other grants. Visit the Ittleson Family Foundation website for

more information, including grant guidelines (http://www.ittlesonfoundation.org).

Jackson Foundation. The **Jackson Foundation** was established in Richmond, VA, in 1981 by Andrew J. Asch, Jr., a business executive and philanthropist. Several of the partner agencies in the East End Partnership With Families (EEPWF) receive financial support from the Foundation. *(See East End Partnership With Families (EEPWF) in Program Pages.)* For more information about the Jackson Foundation, contact: Ms. Patricia Asch, Executive Director, Jackson Foundation, 104 Shockoe Slip 2-B, Richmond, VA 23219-4125, Phone: 804-644-5735.

James C. Penney Foundation. The **James C. Penney Foundation** supports organizations addressing issues of community renewal, the environment, and world peace. Included in this is the Comprehensive Community Revitalization Program (CCRP) in New York City. (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) More information about the Foundation is available at the J.C. Penney corporate website at: http://www.jcpenney.net.

James Irvine Foundation. The **James Irvine Foundation** is a private, nonprofit grantmaking foundation dedicated to enhancing the social, economic, and physical quality of life throughout California, and to enriching the state's intellectual and cultural environment. The Foundation was established in 1937 by James Irvine, the California pioneer. With assets of $1.6 billion, the Foundation makes grants of approximately $75 million annually for the people of California in the following categorical areas: arts, children, youth and families, civic culture, higher education, sustainable communities, and special projects.

In 2000, the Foundation awarded 253 grants totaling almost $70 million. Additionally, the Foundation, in conjunction with federal agencies and other philanthropic foundations, supports the national Jobs-Plus program. (*See Gilmor Homes (Jobs-Plus in Baltimore) in Program Pages.*) For more information regarding the James Irvine Foundation, including grant application guidelines, visit the Foundation's website at: http://www.irvinefoundation.org.

Joyce Foundation. Based in Chicago, the **Joyce Foundation** supports efforts to strengthen public policies in ways that improve the quality of life in the Great Lakes region. Its program areas are education, employment, environment, gun violence, money and politics, and culture. Additionally, the Foundation is one of several private and public organizations participating in the Jobs-Plus program. (*See Gilmor Homes (Jobs-Plus in Baltimore) in Program Pages.*) More information, including specific funding initiatives within each program area, and application guidelines, is available at: http://www.joycefdn.org.

Kresge Foundation. The **Kresge Foundation** was created in 1924 by Sebastian S. Kresge "to promote the well-being of mankind." Since its establishment, the Foundation has awarded 7,485 grants totaling almost $1.5 billion. Through its grantmaking programs, the Foundation seeks to strengthen the capacity of charitable organizations to provide quality, effective programs. The Foundation's grants support a range of nonprofit organizations through

the following five programs:

- Bricks and Mortar, a grant program to build facilities and to challenge private giving;
- Science Initiative, a challenge grant program to upgrade and endow scientific equipment;
- Detroit Initiative, a grant program to support strategic investment in Detroit and Southeastern Michigan;
- The Kresge Foundation Partnership to Raise Community Capital, a 5-year grant program to develop permanent endowment assets for community foundations and nonprofit organizations; and
- The Kresge Foundation HBCU Initiative - A 5-year grant program to support the advancement efforts at historically black colleges and universities.

The Bricks and Mortar program may be of particular interest to health care providers. The program provides matching funds for the construction of facilities, renovation of facilities, purchase of major equipment (including computer software expenses, if applicable) or an integrated system at a cost of at least $300,000, and purchase of real estate. Tax-exempt, charitable organizations operating in fields of post-secondary education (awarding baccalaureate and/or graduate degrees), health care and long-term care, human services, science and the environment, arts and humanities, and public affairs are eligible to apply. Governmental agencies are also eligible to apply. For more information about the Kresge Foundation, visit its website at: http://www.kresge.org.

March of Dimes. Founded in 1938, the **March of Dimes** is a national voluntary health organization whose mission is to improve the health of babies by preventing birth defects and infant mortality. Specifically, the March of Dimes has identified the following four problems as the main threats to infant health: birth defects, infant mortality, low birthweight, and lack of prenatal care. The March of Dimes works to develop treatments that allow babies born in danger (e.g., premature or very-low-weight babies) to survive, and to develop strategies to ensure the birth of healthy babies. It funds programs of research, community service, education and advocacy to save babies. For example, the March of Dimes has provided funding to the Abbottsford and Schuylkill Falls Community Health Centers. (*See Abbottsford and Schuylkill Falls Community Health Centers in Program Pages.*) More information about the March of Dimes is available at its website at: http://www.marchofdimes.com.

The **Georgia Chapter of the March of Dimes** works to improve infant health by conducting research, educating parents, and developing health care programs that provide the benefits babies and children need, such as the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) For more information about the Georgia Chapter of the March of Dimes and its activities, visit its website at: http://www.marchofdimesga.com.

Merck Family Fund. The **Merck Family Fund** is a private family foundation that awards grants to nonprofit organizations in the United States that work to protect the natural environment. The Fund has two primary areas of grantmaking — protecting the environment (preserving eastern U.S. ecosystems and promoting sustainable economics) and building

community in selected urban areas (supporting youth organizing and creating green and open spaces). For example, the Fund has supported the Comprehensive Community Revitalization Program (CCRP) in New York City. (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) In fiscal year (FY) 1999, the fund awarded more than $4 million in grants; it will make more than $3 million in grants in 2001. For more information, including grant application guidelines, visit the Merck Family Fund website at: http://www.merckff.org.

Metropolitan Life Foundation. The **Metropolitan Life Foundation** was established in 1976 by MetLife to support various educational, health and welfare, and civic and cultural organizations. The primary objective of the Foundation is to assist nonprofit organizations through a program of financial support, particularly in the communities in which MetLife operates. The Foundation's goals are to strengthen communities, promote good health, and improve education. The Foundation supports a wide variety of organizations and programs addressing anti-violence, civic affairs, culture, education, and health issues. Additionally, since 1984, the Social Investment Program has made commitments of more than $200 million in Program Related Investments to create affordable housing, promote economic development and deliver social and health services to low-income people. The Foundation also has been a supporter of the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) More information about the Foundation, including grant application guidelines, is available at the MetLife website at: http://www.metlife.com.

New York Foundation. The **New York Foundation** was established in 1909, with a gift of $1 million from Alfred M. Heinsheimer. The Foundation supports organizations in New York City that are working on the problems of residents in disadvantaged communities. Additionally, half of the grants awarded are reserved for projects involving the elderly, or youth, such as the Agenda for Children Tomorrow (ACT). (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) Grants range from $20,000 to $50,000, and are given for one year at a time. Grantees must re-apply each year. Although New York Foundation grants cover a great diversity of issues crucial to New York City's neighborhoods, they all fall into one of the following categories:

- start-up grants to new, untested programs, frequently involving a high element of risk;
- grants to established institutions for new community projects with a high probability of ongoing support in the future, or that anticipate only a limited life;
- general support to organizations that meet Foundation guidelines (usually new programs); and
- grants offering technical assistance.

In addition to funding, the Foundation provides its grantees with support services, such as advice from staff and technical assistance . Additionally, small summer grants support program enrichment for current, youth-serving grantees, and provide internships in community organizing for young people. Since 1996, the Foundation has made an Organizers' Expense Account available to current grantees for the following: incidental expenses of organizing (such as room rental or child care), attendance at conferences, contracting for training, and strategy sessions

with other organizations. For more information about the New York Foundation, including grant application guidelines, visit its website at: http://www.nyf.org.

Northwest Area Foundation. The **Northwest Area Foundation** is dedicated to reducing poverty in communities located in its eight-state region — Minnesota, Iowa, North Dakota, South Dakota, Montana, Idaho, Washington, and Oregon. However, the Foundation partnered with other private organizations and federal agencies to fund the Jobs-Plus program. (*See Gilmor Homes (Jobs-Plus in Baltimore) in Program Pages.*) The Foundation provides knowledge, financial resources, products, and services through the following three programs: Community Ventures, Community Connections, and Community Horizons. The Foundation no longer accepts requests for grants. Rather, the Foundation is working to form partnerships with communities in order to develop long-term solutions to poverty. Visit the Northwest Area Foundation website for more information: http://www.nwaf.org.

Pew Charitable Trusts. The **Pew Charitable Trusts** consist of seven individual charitable funds established between 1948 and 1979 by two sons and two daughters of Sun Oil Company founder Joseph N. Pew and his wife, Mary Anderson Pew. Based in Philadelphia, the Trusts make strategic investments that encourage and support citizen participation in addressing critical issues and effecting social change. The Pew Charitable Trusts support nonprofit organizations working in the areas of culture, education, the environment, health and human services, public policy, and religion. Each program awards numerous grants. For instance, the Health and Human Services Program alone awarded 179 grants in 2000, which came to a total of more than $41 million. The Trusts are one of several supporters of the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) For more information about the Trusts, including specific information regarding each of its program areas, go to the Pew Charitable Trusts website at: http://www.pewtrusts.com.

Pinkerton Foundation. The **Pinkerton Foundation** is an independent grantmaking foundation established in 1966 by Robert Allan Pinkerton with the broad mission of reducing the incidence of crime, and preventing juvenile delinquency. The Foundation's principal program interests are economically disadvantaged children, youth and families, severely learning disabled children, and adults of borderline intelligence. For instance, the Foundation supports efforts to strengthen and expand community-based programs for children, youth and families in New York City, such as the Agenda for Children Tomorrow (ACT). (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) In 2000, the Foundation awarded a total of nearly $6 million to organizations and programs in and around New York City. More information about the Pinkerton Foundation, including grant guidelines, is available on the Foundation Center's website at: http://www.fdncenter.org/grantmaker/pinkerton.

Queen Lili'uokalani Children's Center. In 1909, Queen Lili'uokalani established a trust in her name to care for orphaned and other destitute Hawaiian children. Today, the **Queen Lili'uokalani Children's Center** remains dedicated to the care of orphaned and destitute

children in the state of Hawaii. Once a week the Center hosts a clinic on its premises as part of its participation in the Ho'ola Like Outreach Project. (*See Ho'ola Like Outreach Project (Healers Together) in Program Pages.*) For more information, call the Children's Center (Winward Unit) at: (808) 293-8577.

Robert Wood Johnson (RWJ) Foundation. The **Robert Wood Johnson (RWJ) Foundation** was established as a national philanthropy in 1972; today it is the largest U.S. foundation devoted to improving the health of and health care for all Americans. Grantmaking is concentrated in the three following areas:

- to develop universal access to basic health care at a reasonable cost;
- to improve care and support for people with chronic health conditions; and
- to promote health and prevent disease by reducing the harm caused by substance abuse.

The Foundation also supports a few core grants and programs — for instance, its health care workforce programs — that potentially affect health and health care. In 2000, the Foundation awarded 723 grants and entered into 98 contracts, totaling nearly $400 million. Programs that have received funding from the Foundation include the Abbottsford and Schuylkill Falls Community Health Centers, Jackson Medical Mall, and the Maternal and Infant Health Outreach Worker Project (MIHOW). (*See Abbottsford and Schuylkill Falls Community Health Centers, Jackson Medical Mall, and Maternal and Infant Health Outreach Worker Project (MIHOW) in Program Pages.*)

The Robert Wood Johnson Foundation and the Henry J. Kaiser Family Foundation created the **Opening Doors Program** in 1992 to address sociocultural barriers to accessing healthcare. In order to more fully understand the implications that culture, language, race, and ethnicity have on access to health care, the foundations allocated $5.5 million for 23 projects in rural and urban areas in 11 states. For example, to examine why half of all residents were going outside their own community for health care services, the Westside Health Authority trained 9 unemployed African-American community women to examine the behaviors of patients and providers to identify sociocultural barriers to care in four health clinics. (*See Westside Health Authority in Program Pages.*)

Additionally, the **Reach Out Project,** a program designed to increase private physicians' service to the medically underserved, has provided funding to the RotaCare Free Clinics. (*See RotaCare Free Clinics in Program Pages.*) For more information about the Robert Wood Johnson Foundation and its many programs and funding initiatives, visit the Foundation's website at: http://www.rwjf.org.

Rockefeller Foundation. The **Rockefeller Foundation** is a philanthropic organization endowed by John D. Rockefeller and chartered in 1913 for the well-being of people throughout the world. The Rockefeller Foundation works to enrich and sustain the lives and livelihoods of the poor and disadvantaged throughout the world. The Foundation provides funds in five

different program areas — creativity and culture, food security, health equity, working communities, and global inclusion — in addition to special programs, such as communication for social change and public/private partnerships. The Foundation seeks out opportunities that will advance its long-term goals, rather than accepting unsolicited proposals. In 2000, the Foundation made grants and provided fellowships totaling $141 million. Additionally, the Foundation partnered with the U.S. Department of Housing and Urban Development to initiate the Jobs-Plus program, and has funded the Comprehensive Community Revitalization Program (CCRP) in New York. (*See Gilmor Homes (Jobs-Plus in Baltimore) and Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) For more information, visit the Rockefeller Foundation website at: http://www.rockfound.org.

Scherman Foundation. The **Scherman Foundation** was created in 1941 by Harry Scherman as a small family foundation. Since its inception, the Foundation has awarded almost 6,000 grants, totaling more than $71 million. The Foundation emphasizes general support grants in its main areas of interest — the environment, disarmament and peace, reproductive rights and family planning, human rights and liberties, the arts, and social welfare. Among its arts and social welfare giving, priority is placed with organizations in New York City, for instance, the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) Grants are made only to nonprofit organizations. More information is available at the Scherman Foundation website at: http://www.scherman.org

Surdna Foundation. The **Surdna Foundation** was established in 1917 by John Emory Andrus to pursue philanthropic purposes. The Foundation centers its grantmaking on the following 6 different program areas: the environment, community revitalization, effective citizenry, the arts, nonprofit sector support initiative, and organizational capacity building. The Foundation makes both project and general support grants In addition to its grantmaking activities, the Foundation began the Comprehensive Community Revitalization Program (CCRP). (*See Comprehensive Community Revitalization Program (CCRP) in Program Pages.*) The Surdna Foundation also supported the national Jobs-Plus program. (*See Gilmor Homes (Jobs-Plus in Baltimore in Program Pages.*) For more information, visit the Surdna Foundation website at: http://www.surdna.org

United Way of America. The **United Way of America** is the national service and training center that provides the following for local United Ways: a national advertising and promotion program, training for United Way professionals and volunteers, and a national network allowing United Way to share best practices and other information. Local United Ways pay for these services through annual dues. United Way of America does not raise or distribute funds. More information is available at the United Way of America's website: http://www.unitedway.org.

The **Heart of America United Way (HAUW)** serves the Kansas City, MO area by working to fulfill its mission of improving people's lives by mobilizing the caring power of its community. HAUW works with more than 160 partner agencies, such as the AIDS Council of Greater Kansas City, the American Cancer Society, and the Model Cities Health Corporation/

Swope Parkway Health Center, to create change in the communities it serves. (*See Model Cities Health Corporation/Swope Parkway Health Center in Program Pages.)* Priorities for HAUW in 2002 include early childhood care and education, child abuse and neglect, and re-authorization of welfare reform legislation. HAUW also involves itself in activities such as promoting adult literacy, and researching and monitoring the care of school-age children. For more information on HAUW's efforts, or for a full listing of its partner agencies, contact the HAUW site at: http://www.hauw.org.

The **United Way of New York City** funds a network of agencies to spearhead new solutions, thereby ensuring success. For example, the United Way of New York City funds the YMCA, the American Red Cross, 45 hospitals in New York City, and has also provided support to Agenda for Children Tomorrow (ACT). (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) For more information, go to the United Way of New York City's website: http://www.uwnyc.org.

The **United Way Services of Greater Richmond** works with its partner agencies to provide services to improve the quality of life for those in need. Some of the primary goals of these partner agencies are to empower those with disabilities, support the elderly, prepare youth for a successful future, and eliminate homelessness. The United Way Services of Greater Richmond supports dozens of organizations, including: the American Red Cross, the United Negro College Fund, the Salvation Army, the YWCA, the YMCA, and East End service providers such as the East District T.E.E.N. Center. (*See East End Partnership with Families (EEPWF) in Program Pages.*) For a full listing of its partner agencies, or for more information about their services, contact the website for the United Way Services of Greater Richmond at: http://www.yourunitedway.org.

W.K. Kellogg Foundation. The **W.K. Kellogg Foundation**, established in 1930, is a nonprofit philanthropic organization whose mission is to apply knowledge to solve the problems of people. The Foundation focuses on building the capacity of individuals, communities, and institutions to address their problems. The Foundation's organizational priorities lie in youth building; healthy, just, and sustainable communities; connected communities and institutions; and civic participation. More specifically, the Foundation's current funding initiatives are in the areas of health, philanthropy and volunteerism, food systems and rural development, youth and education, and the Greater Battle Creek area. The Foundation supports many initiatives in its home state of Michigan, including the Center for Health Professions in Saginaw, MI. (*See Center for Health Professions in Program Pages.*) More information about the Foundation and its grantmaking policies is available at its website at: http://www.wkkf.org.

PRIMARY CARE ASSOCIATIONS

A **primary care association (PCA)** is a nonprofit membership association of health centers that acts as an informational clearinghouse and advocates on behalf of its member health centers on federal, state, municipal, and private levels to improve the quality of care for underserved populations. As a voice for the medically underserved, an end-goal of PCAs is to explore and implement actions that promote or create high-quality, accessible, personalized health care for all urban and rural populations in need, within their respective domains. Following are two examples of PCAs.

Founded in 1994, the **California Primary Care Association (CPCA)**, together with the more than 500 community clinics and health centers it represents, has worked to ensure affordable, quality health care to California's uninsured, low-income, and minority populations. The CPCA's mission is to promote and facilitate equal access to quality health care for individuals and families through organized primary care clinics and clinic networks that, among other things, seek to maintain cost-effective, affordable medical services, as well as meet the linguistic and cultural needs of California's diverse population. *(See NCB Development Corporation (NCBDC) in Resource References.)*

The CPCA advocates for needed policy changes on behalf of the community-based primary care clinics, ultimately hoping to strengthen and improve California's healthcare delivery system. As both a catalyst and representative for its member clinics and health centers, the CPCA is recognized for its innovation and collaboration with state and national decision-makers on regulatory and statutory health care issues affecting the safety net.

The **Virginia Primary Care Association (VPCA)** was founded in 1980 to bring primary health care to the neediest Virginia areas. In fact, nearly two-thirds of Virginia's counties are designated as full or partially medically underserved areas, and nearly one million Virginians are without health insurance. The mission of the VPCA is to ensure that all Virginians (regardless of geographic location or income) have access to adequate and affordable primary health care. VPCA is also the statewide association for Virginia's community health centers (CHCs), nonprofit rural health clinics, community-based providers of primary care, health departments providing primary care services, and other like organizations. In addition, VPCA has been an original founder or sponsor of several local and statewide efforts to improve primary health care, including: Virginia's Five Point Plan to Strengthen the Primary Care System; Area Health Education Centers (AHEC), Virginia Center for the Advancement of Generalist Medicine, and the Practice Sights Initiative.

VPCA provides many services for its members. One such service is a recruitment specialist to assist its member organizations to secure and maintain healthcare providers. Another is providing a temporary physician for member centers. VPCA also maintains its original mission — to save its members money — by offering cooperative buying programs for items such as the following: liability insurance coverage, medical and office supplies, reference laboratory services, and long distance phone service. In addition, VPCA provides technical

assistance and consultation, information about various topics (such as federal and state legislation), policy development to improve access to primary care and prevention services, and training on topics important to members (such as continuing education for health professionals). Members range from community based not-for-profit organizations (some of which are Federally Qualified Health Centers (FQHCs)) to for-profit entities and individuals who support the goals and purposes of VPCA. The Vernon J. Harris East End CHC in Richmond, VA, receives support from VPCA for a medication assistance program. (*See East End Partnership with Families (EEPWF) in Program Pages.*) For more information about the VPCA, visit its website at http://www.vpca.com.

Other Information

For the Primary Care Association Web Site Directory, go to — http://bphc.hrsa.gov/osnp/PCAWEB.HTM

PRIMARY CARE DEVELOPMENT CORPORATION

The **Primary Care Development Corporation** works to expand and enhance access to primary care for New York City's underserved communities. PCDC combines resources from government, private and philanthropic arenas to offer capital financing, project development and operational technical assistance to health care providers in these areas. PCDC provides capital through the following three loan programs:

- The Primary Care Capital Fund (PCCF), a $30 million financing pool, offers construction and permanent financing of up to $3 million with terms of up to 15 years. The PCCF was created by PCDC in partnership with the City of New York, and with a consortium of four banks -- J.P. Morgan, Chase Manhattan, Citigroup and HSBC USA.
- The Tax-Exempt Bond Financing Program provides construction and permanent financing at low, tax-exempt interest rates and with terms of up to 25 years for larger projects. This financing program uses the Dormitory Authority of the State of New York to sell bonds that are backed by the City of New York.
- The Project Development Loan Pool offers loans for pre-construction costs such as site acquisition and professional services related to project development. This program is made possible through funding from the City of New York.

PCDC also provides extensive technical assistance to potential borrowers.

Eligibility Criteria

PCDC financing is available to borrowers who are both not-for-profit, 501(c)(3) tax-exempt organizations and health care providers licensed under Article 28 of the New York State Health Code. PCDC funds projects that not only modernize community-based primary care facilities or otherwise enable providers to improve the quality of care, but also expand capacity in areas in need of increased health care access and services. Eligible projects are located in New York City, significantly involve the provision of primary health care, and benefit an underserved population or community, for example, the Helen B. Atkinson Center. (*See Helen B. Atkinson Center in Program Pages.*)

Funding Availability

PCDC financing in primary care projects typically amounts to between 90 percent and 95 percent of total project costs, and has ranged from $180,000 to $13.8 million. Since its inception in 1994, PCDC has financed the construction or renovation of 28 primary care centers in the five NYC boroughs, representing a total investment of $100 million.

Other Information

For more information about PCDC, contact:

Primary Care Development Corporation
291 Broadway 17th Floor
New York, NY 10007
(212) 693-1850
(212) 693-1860 (fax)
info@pcdcnyc.org
www.pcdcnyc.org

For more information on PCDC capital financing, write:

cap@pcdcnyc.org

PUBLIC HOUSING PRIMARY CARE (PHPC) PROGRAM

The **Public Housing Primary Care (PHPC) Program** is a federal grant program of the Bureau of Primary Health Care created under the Disadvantaged Minority Health Improvement Act of 1990, which amended the Public Health Service Act to include Section 340A. The PHPC Program was reauthorized under the Health Centers Consolidation Act of 1996 as Section 330(i) of the Public Health Service Act. The Bureau of Primary Health Care (BPHC) is one of four bureaus of the Health Resources and Services Administration (HRSA), an agency in the U.S. Department of Health and Human Services. It assures that underserved and vulnerable people get the health care they need. BPHC activities are designed to assist communities address the needs of populations at risk for poor health outcomes and to identify creative and effective programs to be publicized as models for nationwide replication.

The mission of the PHPC Program is to provide residents of public housing increased access to primary health care services through health promotion and disease prevention activities, and primary health care services, on the premises of public housing developments (or in other locations readily accessible to residents of public housing). (*See, for example, Abbottsford and Schuylkill Falls Community Health Centers in Program Pages.*) The PHPC grantees carry out the following major activities:

- Provide primary health care services, including screening, health education, outreach, and preventive dental, prenatal and perinatal, general preventive health, diagnostic and laboratory, and case management services;
- Refer residents to qualified facilities and practitioners for other necessary services, including substance abuse and mental health treatment;
- Aid residents to establish their eligibility for assistance under entitlement programs;
- Train and employ residents of public housing to provide health screenings and health education services; and
- Emphasize HIV prevention and treatment for pregnant women and their infants, and violence prevention services.

Eligibility Criteria

In locations that receive PHPC funds, all persons in the public housing community are eligible to receive services regardless of their ability to pay.

Funds Available

In fiscal year (FY) 1997, 20 organizations in 14 states were awarded PHPC program funds totaling $9.8 million. In FY 1999, $11.3 million was appropriated for organizations participating in the PHPC program. In FY 2000, 26 organizations in 16 states were awarded PHPC program funds totaling $11.5 million. In FY 2001, $14.13 million was appropriated for organizations participating in the program.

Other Information

For more information, contact:

Public Housing Primary Care (PHPC) Program
Division of Programs for Special Populations
Bureau of Primary Health Care
Health Resources and Services Administration
4350 East-West Highway, 9th Floor
Bethesda, MD 20814
(301) 594-4430
(301) 594-2470 (fax)
http://www.bphc.hrsa.gov

RELIGIOUS INSTITUTIONS

Presbyterian Church (USA). The **Presbyterian Church (USA)** has approximately 2.5 million members, 11,200 congregations and 21,000 ordained ministers. Presbyterians originated from the 16th century and the Protestant Reformation, and adhere to a form of government that stresses the active, representational leadership of both ministers and church members. The Presbyterian Church has a history of community service dating back to its inception, and is involved in community projects such as Project Vida. (*See Project Vida (Community Health & Services Program) in Program Pages.*) For more information about the Presbyterian Church (USA) and its activities, visit its website at: http://www.pcusa.org.

United Church of Christ Commission for Racial Justice. The **Commission for Racial Justice** is the national civil rights agency of the 1.7 million-member **United Church of Christ**. The Commission is involved in struggles for racial justice and social equality of African Americans and other racial and ethnic communities both nationally and internationally. The Commission maintains a national office in Cleveland and other offices in New York City, Washington, DC, and Enfield, NC. The Commission is particularly involved in issues of environmental pollution and race. For example, it is one of the partners in the Trenton brownfields redevelopment initiative. (*See Brownfields Showcase Community: Trenton in Program Pages.*) For more information, visit the United Church of Christ's website at: http://www.ucc.org.

ROTARY CLUBS

The **International Rotary Club** is an organization of business and professional leaders worldwide whose activities promote the ideas of service, occupational ethics, and international peace. There are over 1 million Rotarians and more than 29,000 Rotary clubs in 161 countries.

Rotary activities are arranged into four Avenues of Service (originally called channels) — club service, vocational service, community service, and international service. Through the many Rotary community service programs intended to meet local needs (such as providing healthcare services or fostering economic development), Rotary clubs around the world take action to improve the quality of life in their communities.

An example of community service programs is RotaCare Free Clinics. (*See RotaCare Free Clinics in Program Pages.*) **RotaCare** is a nonprofit corporation formed for the purpose of providing free medical care to people who have the most need and the least access to medical services. It is a coalition of over 1,500 Rotarians, physicians, nurses, social workers, and other volunteers who provide free medical care to underserved populations in a joint effort with hospitals, clinics, and service organizations and groups. New clinics depend on Rotarian volunteers who provide the materials and manpower to create the necessary environment in which to operate a clinic.

Eligibility criteria and funding availability vary by individual Rotary Clubs.

Other Information

For more information, contact Rotary International at:

Rotary International
One Rotary Center
1560 Sherman Ave.
Evanston, IL 60201, USA
(847) 866-3000
http://www.rotary.org

or your local Rotary chapter.

More information on programs run through Rotary Club International is available at:

http://www.rotary.org/programs/index.html

For more information about RotaCare Free Clinics, contact:

RotaCare Free Clinics
21040 Homestead Road
Cupertino, CA 95112
(831) 773-1400
www.rotacare.org
info@rotacare.org

RYAN WHITE TITLE II PROGRAM

The **Ryan White Title II Program** is a part of the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act — passed in 1990 and reauthorized through 2005 — which funds primary care and support services for HIV-positive individuals who lack the health insurance and financial resources necessary for their care. Title II is administered by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA), under the U.S. Department of Health and Human Services (U.S. DHHS). Title II assists states and territories to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. The Vernon J. Harris East End Community Health Center (CHC) receives Ryan White Title II funds to serve clients in Richmond's East End. (*See East End Partnership with Families (EEPWF) in Program Pages.)* Funds may be used to provide a variety of services, including: ambulatory health care, home-based health care, insurance coverage, medications, and early intervention services. Title II also provides access to pharmaceuticals through the state-administered AIDS Drug Assistance Program (ADAP).

State ADAPs provide medications and therapies to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. Recent advances in treatment (e.g., protease inhibitors and other antiretroviral medications proven to be very effective when used in combination) have greatly increased demand for medications among individuals already in care as well as among those who previously had not sought treatment. Since the cost of combination therapy is very high ($10,000-$12,000 a year per person), ADAPs are under great strain to meet client demand. In addition, the number of people seeking and receiving treatment for HIV and AIDS increases on a monthly basis. Another factor affecting the great demand placed on ADAPs is that some states have more restrictive Medicaid eligibility, limited prescription benefits, and/or no optional coverage for medically needy populations. This leaves the ADAPs in these states struggling to fill the void. In FY 2001, state ADAPs throughout the country anticipated serving 79,000 people at any one time.

Eligibility Criteria

Formula-based Ryan White Title II grants are awarded to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. Most states provide some services directly, while others work through subcontracts with Title II HIV Care Consortia — associations of public and nonprofit health care and support service providers and community-based organizations that plan, develop, and deliver services for people living with HIV disease. For-profit entities are not eligible to join these Consortia unless they are the sole available providers of quality HIV care in a given area.

Title II gives states the authority to set income and medical eligibility criteria for ADAPs, thus causing wide variability in characteristics of beneficiaries among states. This variation also reflects the type and availability of other health care resources for low-income individuals with

HIV disease in a locality. Despite varying state income requirements, the vast majority of ADAP beneficiaries have incomes below 200 percent of the federally established poverty level. In addition to meeting the income eligibility requirements, individuals must show proof of their HIV status, and some states establish additional criteria as well.

Funds Available

Since fiscal year (FY) 1991, a total of $1.3 billion has been appropriated for Title II, including ADAP. In FY 2001, Title II awarded $845.7 million, $571 million of which went to ADAP. Title II also supported $11.5 million in supplemental grants to States for Emerging Communities (i.e., cities reporting between 500 and 1,999 AIDS cases in the most recent five years). In addition, Title II provided $7 million for the Congressional Black Caucus Initiative to increase minority participation in ADAPs.

Other Information

For more information regarding the Ryan White Title II Program, contact:

Department of Health and Human Services
Health Resources and Services Administration
Office of Communications
5600 Fishers Lane
Rockville, MD 20852
(301) 443-3376

If you have questions, contact:

Frances Nguyen
fnguyen@hrsa.gov

STATE GOVERNMENTS

State governments have specific departments designed to address the many needs of their citizens, including economic development and improvement in health services. Below is a description of the agencies used by the community programs showcased in this resource guide. Contact your state government for information on funding opportunities in your area.

Florida Department of Health. The **Florida Department of Health** actively works to promote and protect the health of all the state's citizens. Specifically, the department prevents and controls the spread of diseases, provides basic family health care services to those in need, and monitors the sanitary status of water and sewage systems, group living facilities, and other potential threats to the public's health. In 1999, mandated by state statute, the department created a **Community Environmental Health Advisory Board**. The Board's membership consists of low-income residents, representatives from county health departments, healthcare professionals, and local elected officials. The Board determines what services are to be provided by the **Community Environmental Health Program** pilot projects. The pilot projects promote health and disease prevention among low-income persons living near environmentally contaminated sites. The laws which established these programs also provide for funding to the Greenwood Community Health Resource Center, Inc., (*See Greenwood Community Health Resource Center, Inc., in Program Pages.*) More information about the Florida Department of Health is available on their website at: http://www.doh.state.fl.us/.

Florida Enterprise Zone. Financial incentives are offered to businesses to encourage private investment and increase employment opportunity for the residents of the **Enterprise Zones** designated by the state of Florida. Tax savings are offered to businesses located in the Enterprise Zone if they are employing zone residents, rehabilitating real property, or purchasing new business equipment. Additionally, companies can receive several tax credits of different kinds. The state enterprise zones have played a role in the Eastward Ho! brownfields redevelopment initiative in South Florida. (*See Brownfields Showcase Community: Eastward Ho! in Program Pages.*) Contact your city or county government to find out if similar state-designated zones exist in your area.

Florida State General Revenues. Although many states use their revenues to operate departments that serve their residents, some states earmark line items within their budgets for specific projects and purposes. For example, the state of Florida earmarked **general revenues** to construct a new facility for the Greenwood Community Health Resource Center, Inc. (*See Greenwood Community Health Resource Center, Inc., in Program Pages*). More information about the state of Florida government is available at: http://www.state.fl.us.

Florida Sustainable Communities. The **Sustainable Communities** concept arose from the Governor's Commission for a Sustainable South Florida. Based on the Commission's recommendations, in 1996, the Florida Legislature established a five-year Sustainable Communities Demonstration Project (slated to terminate June 30, 2001) to explore new

approaches to community planning, through programs such as Eastward Ho!. (*See Brownfields Showcase Community: Eastward Ho! in Program Pages.*) More information is available at the Florida Sustainable Communities website at: http://sustainable.state.fl.us/fdi/fscc/fscc.html.

Georgia Department of Community Health. Created in 1999, the **Georgia Department of Community Health (DCH)** is responsible for ensuring access to health care and health insurance coverage by the citizens of the state. The Department has 6 parts, one of which is the Office on Rural Health Services. This office's purpose is to address the difficulties of accessing health care in Georgia's rural communities. The Georgia Department of Community Health is just one of the participants in the Rural Health Outreach Program. (*See Rural Health Outreach Program in Program Pages.*) For more information on DCH or the Office on Rural Health Services, visit the Department's website at: http://www.communityhealth.state.ga.us/.

Georgia Indigent Care Trust Fund. See separate entry for Georgia Indigent Care Trust Fund in Resource Reference Pages.

Maryland Department of Business and Economic Development. The services provided by the **Maryland Department of Business and Economic Development (DBED)** include attracting businesses to the area, providing local businesses with financial support and workforce training, and creating new jobs. Additionally, through its Brownfields Revitalization Incentive Program (BRIP), DBED provides economic incentives such as loans, grants, and property tax credits to clean up and develop certain properties, as well as real property tax credits for participating sites. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) More information on DBED is available at: http://www.dbed.state.md.us/.

Maryland Department of the Environment. The mission of the **Maryland Department of the Environment (MDE)** is to protect the natural resources, and restore the quality of Maryland's environment, while at the same time encouraging economic development, healthy and safe communities, and quality environmental education. The state's Voluntary Cleanup and Brownfields Revitalization Incentive Programs were established in February 1997 to promote economic development, especially in distressed urban areas, by creating new job opportunities, expanding the tax base, utilizing the existing infrastructure, and preventing urban sprawl. (*See Brownfields Showcase Community: Baltimore in Program Pages.*) For more information on MDE and the Voluntary Cleanup and Brownfields Revitalization Incentive Programs, visit the MDE website at: http://www.mde.state.md.us.

Minnesota Department of Commerce. The **Minnesota Department of Commerce** protects the interests and health of both businesses and citizens of the state. The Department of Commerce regulates several types of state businesses, including the banking, energy, insurance, real estate, and telecommunications industries. The Department is also a partner in the St. Paul brownfields redevelopment initiative. (*See Brownfields Showcase Community: St. Paul in Program Pages.*) Visit the Department of Commerce's website at: http://www.commerce.state.mn.us, for more information.

Minnesota Department of Trade and Economic Development. The mission of the **Minnesota Department of Trade and Economic Development (DTED)** is to generate high quality jobs, stimulate workforce development, expand Minnesota's exports, and encourage travel to Minnesota. The Contamination Cleanup and Investigation Grant Program, located within DTED's Business and Community Development Division, provides financial assistance for the contamination assessment or clean-up of contaminated brownfields. (*See Brownfields Showcase Community: St. Paul in Program Pages.*) More information is available on the DTED website at: http://www.dted.state.mn.us/index.html.

Minnesota Department of Transportation. The **Minnesota Department of Transportation (Mn/DOT)** develops, implements, and administers state transportation policies and programs to provide efficient modes of transportation for the state's citizens. Mn/DOT handles everyday operations, including highway construction and maintenance, through its 8 regional offices. The Department is also a partner in the St. Paul brownfields redevelopment initiative. (*See Brownfields Showcase Community: St. Paul in Program Pages.*) For more information on the Mn/DOT and its activities, visit: http://www.dot.state.mn.us/index.html.

Mississippi State Department of Health. The **Mississippi State Department of Health (MSDOH)** ensures the health and welfare of the state's citizens. The MSDOH has many branches that deal with multiple aspects of health and community. The Department is also a partner in the Jackson Medical Mall. (*See Jackson Medical Mall in Program Pages.*) Visit the Department's website (http://www.msdh.state.ms.us) for more information.

New York State Department of Family Assistance. The **New York State Department of Family Assistance** is comprised of the following two offices: the Office of Temporary and Disability Assistance, and the Office of Children and Family Services. The Office of Children and Family Services funds programs benefitting children, for example, child care or early childhood development programs and solicits proposals for the grants it makes for these initiatives. (*See Agenda for Children Tomorrow (ACT) in Program Pages.*) More information is available at the New York State Department of Family Assistance's website at: http://www.dfa.state.ny.us.

State of New York Mortgage Agency. The **State of New York Mortgage Agency (SONYMA)** is a public-benefit corporation created in 1970, whose main purpose is to provide financing for low- and moderate-income first time homebuyers. SONYMA's Homeownership Programs benefit economically disadvantaged Target Areas throughout the state by enhancing opportunities for homeownership. SONYMA also has participated in establishing the Helen B. Atkinson Center. (*See Helen B. Atkinson Center in Program Pages.*) More information regarding these opportunities is available at: http://www.nyhomes.org/sony/sonyma.html.

Texas Department of Health. The **Texas Department of Health (TDH)** works through communities to improve the health of its citizens. TDH offers several grants and funding opportunities, as it has done so for Project Vida. (*See Project Vida (Community Health &*

Services Program) in Program Pages.) Their Funding Information Center provides information regarding public and private sources of funding for public health initiatives (available only to Texas residents). The TDH website (http://www.tdh.state.tx.us/) contains more information about both the TDH and the Funding Information Center.

Texas Department of Transportation. The **Texas Department of Transportation (TxDOT)** works for the efficient transportation of people and goods within the state of Texas. The Department is one of the partners in the Dallas brownfields redevelopment initiative. (*See Brownfields Showcase Community: Dallas in Program Pages.*) The TxDOT website at: http://www.dot.state.tx.us/txdot.htm, contains more information on their activities and resources for citizens.

Texas Natural Resource Conservation Commission. The **Texas Natural Resource Conservation Commission (TNRCC)** strives to protect Texas' human and natural resources, while promoting sustainable economic development. The TNRCC is facilitating cleanup and revitalization of brownfields through the development of regulatory, tax, and technical assistance tools. Additionally, the TNRCC will provide technical advice, education, and project partnering for brownfields redevelopment projects to local governments at no cost. (*See Brownfields Showcase Community: Dallas in Program Pages.*) More information on the TNRCC's involvement in the Brownfields Redevelopment Initiative (BRI) is available at: http://www.tnrcc.state.tx.us/permitting/remed/vcp/brownfields.html#overview.

Texas Parks and Wildlife Department. The **Texas Parks and Wildlife Department (TPW)** manages and protects wildlife and wildlife habitat, and manages parks and historic areas within the state of Texas. The Department has partnered with other state and federal government agencies in the Dallas brownfields redevelopment initiative. (*See Brownfields Showcase Community: Dallas in Program Pages.*) For more information about TPW, visit its website at: http://www.tpwd.state.tx.us.

Washington State Community Empowerment Zone. A census tract in a given area of the state, rather than an entire city or county, is eligible for designation as a **Washington State Community Empowerment Zone**. Once designated as a Community Empowerment Zone, businesses located in the area may apply for several tax exemptions and benefits offered by the state. However, conditions do apply (i.e., meeting certain employment requirements). These benefits have contributed to the Seattle/King County brownfields redevelopment initiative. (*See Brownfields Showcase Community: Seattle/King County in Program Pages.*) More information regarding the state's Community Empowerment Zones is available at the state's Department of Revenue website at: http://dor.wa.gov.

SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides roughly 40 percent of the public funds expended on substance prevention activities and treatment services. To support substance abuse prevention and treatment programs at the state and local levels, funds are disbursed to the states, territories, and the District of Columbia, based on a Congressionally mandated formula. The grant program is administered by the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (U.S. DHHS). The Challenge Discovery Projects receive SAPT funds to support their prevention and treatment services in Richmond, VA. (*See East End Partnership with Families (EEPWF) in Program Pages.)*

Beginning October 1, 2000, under SAMHSA's re-authorization statute (P.L. 106-310) states and territories were given increased flexibility in obligating and spending their block grant funds. Despite this increase in state autonomy, SAPT funds remained earmarked to support treatment and prevention services for people at risk of or abusing alcohol and other drugs. States and territories deliver these services in a manner that addresses specific local substance abuse problems. They receive technical assistance through the State Systems Development Program and the Technical Assistance to the States Program. The Block Grant's authorizing statute and regulations also place special emphasis on the provision of treatment and primary prevention services to both injecting drug users and substance abusing women who are pregnant or with dependent children. An additional requirement for states under the SAPT Block Grant is to implement the Synar youth anti-tobacco statute.

Eligibility Criteria

States, territories, and the District of Columbia receive SAPT Block Grants by formula. Annually, they submit a plan and report to the federal government describing not only their SAPT Block Grant allocation intentions during the current fiscal year (FY), but also how they used block grant funds in the previous FY. Performance outcome measures, which are designed to assess the effectiveness of prevention and treatment activities, have been reported on a voluntary basis since FY 2000. Eighty percent of states included such assessment data in their block-grant applications in FY 2000. In addition, 43 states/territories use these data to allocate funding to treatment service providers; 39 states/territories, to plan services; 34, for public education; and 32, for legislative initiatives.

Funds Available

In FY 2000, funding for the SAPT Block Grant was $1.6 billion. In FY 2001, funding increased to $1.64 billion. A total of $1.7 billion in funding has been requested for FY 2002.

Other Information

For more information about the SAPT Block Grant, visit the SAMHSA website at:

http://www.samhsa.gov

or

e-mail questions to: info@samhsa.gov

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

The **Temporary Assistance for Needy Families (TANF) Program** became effective on July 1, 1997, as a result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). TANF replaced the following three programs: Aid to Families with Dependent Children (AFDC), Emergency Assistance (EA), and Job Opportunities and Basic Skills Training (JOBS). The TANF program is designed to achieve the following goals: assist needy families so that children can be cared for in their homes; reduce the dependency of needy parents by promoting job preparation, work, and marriage; prevent out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families. With the passage of the PRWORA, federal welfare assistance as an entitlement came to an end, because TANF programs are operated by states, territories, and federally recognized Indian tribes with block grant funding. The block grant funds cover benefits, administrative expenses, and services targeted to needy families. TANF is overseen by the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services (U.S. DHHS).

PRWORA allows states great flexibility in designing their TANF programs. As long as a state program is "reasonably calculated to accomplish the purposes of TANF," each program may set different assistance time limits, work requirements, and minimum participation rates of families. The federal government may not regulate the conduct of states unless expressly provided under the statute. However, this does not apply to tribal plans, whose program designs must be approved by the U.S. DHHS.

Eligibility Criteria

Under TANF, states are required to make an initial assessment of recipients' skills. States must also maintain their welfare spending at 80 percent of FY 1994 levels at a minimum, and at 100 percent of FY 1994 levels to access a $2 billion contingency fund designed to assist states affected by high population growth or economic downturn. In addition, states must fulfill the annual cost-sharing requirement, called maintenance of effort (MOE). MOE means that every fiscal year, each state must spend a certain minimum amount of its own money to help eligible families in its jurisdiction in ways that are consistent with the purposes of the TANF program.

Recipients must fulfill requirements as well. With few exceptions, recipients must work after receiving assistance cumulatively for 2 years. In FY 2000, single-parent families were required to work at least 30 hours per week, an increase from 20 hours in FY 1997. Two parent-families have been required to work at least 35-55 hours per week (depending on their various circumstances) since TANF's initial implementation. These work requirements can be satisfied by activities such as unsubsidized or subsidized employment, on-the-job training, community services, or 12 months of vocational training. Families who have received assistance for 5 cumulative years (or less, if state desires) are ineligible for further cash aid. Another requirement of recipients is that unmarried minor parents must live with a responsible adult or in an adult-supervised setting and participate in educational and training activities.

Funds Available

The basic block grant has provided states and tribes $16.5 billion in federal funds each year, between 1997 and 2002, when the program came up for reauthorization. State allocations are by formula.

Additional money is available in the form of contingency funds, supplemental grants, loans, and bonuses. A $2 billion contingency fund is available over 5 years to states that experience economic downturns. Supplemental grants totaling $800 million are available over 4 years for states with high population growth and historically low welfare spending; a $1.7 billion federal loan fund also is available. In addition, $1 billion is available for bonuses to states for high performance (e.g., moving welfare recipients into jobs), and $100 million is appropriated annually for bonuses to the 5 states that have the greatest success in simultaneously reducing their out-of-wedlock birth and their abortion rates.

Other Information

For more information, contact:

U.S. Department of Health and Human Services
Administration for Children and Families
370 L'Enfant Promenade SW
Washington, DC 20447

or, visit the ACF website at:

http://www.acf.dhhs.gov

TITLE XVI HEALTH CENTER FACILITY LOAN GUARANTEE PROGRAM

The Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (U.S.DHHS) operates a loan guarantee program for the construction, renovation, and modernization of medical facilities owned and operated by community and migrant health centers. *(See Community Health Center (CHC) Program in Resource References.)* This program was enacted as part of the fiscal year (FY)1997 Appropriations Act for the U.S. DHHS to facilitate access to lower-cost capital for health centers desiring to either construct or modify their facilities. (See Part A, Title XVI of the Public Health Service Act.) The **Title XVI Health Center Facility Loan Guarantee Program (LGP)** provides a guarantee for non-federal lenders that, in the event of default by a health center on a loan, the federal government will repay a maximum of 80 percent of the principal of the loan to the lender. The principal amount of loans eligible for this LGP may not exceed 90 percent of the cost of the medical facilities project, in most cases. If the project is in an urban or rural poverty area, the loan may cover 100 percent of the facilities' costs.

Historically, health centers have either encountered difficulty obtaining financing for medical facilities or have found the lending rates available to them to be unaffordable. Because the federal loan guarantee reduces the risk to the non-federal lender in the event of default, the lender is willing to offer financing at a lower rate to the borrower (i.e., the health center). To induce the lender to assume the balance of risk in these loans, and thereby secure the financial success of the LGP, additional legal provisions were enacted governing the loan guarantee commitment. For example, lenders are given control over default situations, including (but not limited to) foreclosure and liquidation proceedings.

Eligibility Criteria

Only community and migrant health centers funded under the Health Centers Consolidation Act of 1996 are eligible to receive guarantees through the Title XVI Health Center Facility Loan Guarantee Program. These health centers (authorized by Section 330 of the Public Health Service Act) serve either a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing. Community and migrant health centers provide for all residents in their service area — either through the staff and supporting resources of the center or through contracts or cooperative arrangements — required primary health services and additional health services, as may be appropriate for particular centers. Required primary health services are services related to:

- family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives;
- diagnostic laboratory and radiologic services;
- preventive health services (including prenatal and perinatal services; screening for breast and cervical cancer; well-child services; immunizations against vaccine-preventable

diseases; screenings for elevated blood lead levels, communicable diseases, and cholesterol; pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; voluntary family planning services; and preventive dental services;
- emergency medical services; and
- pharmaceutical services as may be appropriate for particular centers.

Additional health services that may be offered by community and migrant health centers include environmental health services (including the detection and alleviation of unhealthful conditions associated with water supply; sewage treatment; solid waste disposal; rodent and parasitic infestation; field sanitation; housing; and other environmental factors related to health) and special occupation-related health services for migratory and seasonal agricultural workers.

Costs eligible to be covered by loans guaranteed under this program include: land and building purchases, renovation and new construction costs, equipment and "fit out" costs, refinancing existing debt, capitalizable pre-development costs, financing and consultant fees (but not staff costs), capitalized interest during construction, and limited working capital during a start-up phase. Leasehold improvements are ineligible under this LGP. In addition, these guarantees are not eligible for use with tax-exempt bonds.

The U.S. DHHS/BPHC has a Memorandum of Understanding (MOU) with the U.S. Department of Agriculture (USDA) Rural Development division to enhance the ability of rural health centers to access loan guarantees, low-interest loans, and grants to develop health care facilities from USDA programs. (*See Community Facilities Loan and Grant Programs in Resource References.*)

Application Process

Applications are received and reviewed on a rolling or continuous basis. The application and review process for the LGP has four stages. In the first stage, community and migrant health centers must submit a pre-application, which is reviewed to:

- assess eligibility of applicant;
- provide a basis for extending technical assistance, as appropriate;
- provide a format to assist health centers to prepare information for potential lenders; and
- discourage the premature submission of final applications.

In the second stage, applications are to be submitted. Applications must include a preliminary proposal of terms and conditions from a bank or placement agent regarding willingness to provide financing if a guarantee is awarded. In the third stage, a review is undertaken of the programmatic and financial feasibility of both the project and the organization, based on the pre-application, the full application, a site visit (if deemed necessary), and additional information as needed and available. The fourth and final stage consists of consideration by the Loan Guarantee Review Committee of those applications determined viable by a BPHC loan officer. The Review

Committee makes recommendations to the director of the BPHC, who makes final decisions about loan guarantee commitments.

Other Information

For additional information about Title XVI, contact a HRSA field office. (A directory of field offices may be accessed at — http://www.hrsa.gov/staff.htm#HRSA Field Coordinators.) For general information about this and other HRSA programs, either go to the HRSA website (http://www.hrsa.gov), or contact the national office: 5600 Fishers Lane, Room 14-45, Rockville, MD 20857.

Information about Capital Link, a technical assistance program that assists community health centers plan and obtain financing for buildings and equipment, may be accessed at — http://www.nachc.org/Health_Center_Ops/Capital_Link.htm.

Note: Capital Link is **not** a source of capital; it is a source of assistance in obtaining capital. Capital Link was founded by the National Association of Community Health Centers (NACHC), the Community Health Center Capital Fund (CHCCF), the Massachusetts League of Community Health Centers, the Illinois Primary Health Care Association, the North Carolina Primary Health Care Association, and the Texas Association of Community Health Centers. Because its main source of support is the BPHC, it provides technical assistance to community health centers without charge.

U.S. ARMY CORPS OF ENGINEERS

The **United States Army Corps of Engineers (USACE)** is the federal government's largest water resource development and management agency. USACE is made up of approximately 34,600 civilian and 650 military men and women who work as leaders in engineering and environmental matters. USACE's mission is to provide quality, responsive engineering services to the nation, falling under three main categories:

- civil works — planning, designing, building and operating water resources and other civil works projects (navigation, flood control, environmental protection, disaster response, etc.);
- military programs — designing and managing the construction of military facilities for the Army and Air Force (military construction); and
- support for others — providing design and construction management support for other defense and federal agencies, and state and local governments.

Civil works programs involve the planning, design, construction management, operation and maintenance of water resources projects to meet the nation's flood and storm damage reduction, navigation, environmental restoration, hydroelectric power, recreation and other water-related needs. Support for others includes reimbursable planning, engineering, and construction management support to other government agencies. Principal agencies supported are the U.S. Environmental Protection Agency ("Superfund" hazardous and toxic waste cleanup), the Federal Emergency Management Agency (disaster response and recovery), and the U.S. Departments of Energy, State, Interior, and Justice. Many of these efforts are focused on environmental protection, mitigation and restoration. USACE is a member of the U.S. Environmental Protection Agency's **Brownfields National Partnership** which supports the coordinated efforts of federal agencies and non-governmental organizations involving the various brownfields-related activities occurring throughout the country. (*See Brownfields Showcase Community: Kansas City and Brownfields Showcase Community: Dallas in Program Pages.*)

The U.S. Army Corps of Engineers' Headquarters (HQ) is made up of made up of an Executive Office and 17 Staff Principals. The Headquarters, located in Washington, DC, creates policy and plans future direction of all the other Corps organizations. The Corps is organized geographically into 8 divisions in the continental U.S. and 41 subordinate districts throughout the US, Asia, and Europe. The USACE divisions follow watershed boundaries, not state boundaries, so a state could be divided into several districts, and each district could include several states. The **Kansas City District**'s civil works boundaries take in parts of Missouri, Kansas, Iowa, Nebraska, and Colorado.

Eligibility Criteria

USACE partners with groups ranging from local project sponsors to construction and architect-engineer contractors to employee unions. At the request of Brownfields communities, district USACE offices provide planning and technical assistance for brownfields redevelopment

projects that require engineering services. Interested parties must write their USACE district office and ask for assistance. USACE staff then contact state and divisional staff to determine if the requested project fits funding priorities. In fiscal year (FY) 1998-1999, the Kansas City District received $140,000 in seed money from EPA to provide technical assistance to the Kansas City Brownfields Pilot and Showcase Community. This assistance facilitated the initiation of several projects that made significant progress in FY 1999, and has the potential to leverage up to several million dollars of additional funding for the Kansas City Showcase Pilot. USACE has also provided planning assistance to Dallas, TX.

Funds Available

Unlike many other government entities, USACE is not an organization that receives appropriations from Congress for general activities in support of an agency's mission. As a non-mission-funded organization, the costs for USACE projects must either be covered on a reimbursable basis or must fall under one of several pre-existing program authorities. Funds for civil works programs are provided through annual energy and water development appropriation acts and through contributions from non-federal entities for planning or construction of specific projects as prescribed by law. Funds for "support for others" (approximately $750 million in FY 1996) are contained in the appropriations for the agencies involved, which reimburse USACE for its support.

USACE has not been authorized or funded to address brownfields redevelopment needs. However in 1999 Congress enhanced the civil works authorities USACE may use to support brownfields initiatives. In an effort to facilitate its support of brownfields cleanup and restoration, USACE revised civil works policies to state that the Corps can now share assessment and cleanup costs with interested cities.

Other Information

For more information, contact your district U.S. Army Corps of Engineers office, or the national office at:

HQ, U.S. Army Corps of Engineers
441 G Street, N.W.
Washington, DC 20314-1000
(202) 761-0001
http://www.usace.army.mil

A list of USACE engineer divisions and districts is available at:

http://www.usace.army.mil/divdistmap.html

U. S. ECONOMIC DEVELOPMENT ADMINISTRATION (EDA)

The **Economic Development Administration (EDA)** was established within the U.S. Department of Commerce under the Public Works and Economic Development Act of 1965 (42 U.S.C. 3121), as amended, to generate jobs, help retain existing jobs, and stimulate industrial and commercial growth in rural and urban areas of the nation experiencing high unemployment, low income, or severe economic distress. The EDA works in partnership with state and local governments, regional **Economic Development Districts** (*see separate listing*), public and private nonprofit organizations, and Indian tribes to empower communities to plan and implement economic development and revitalization strategies.

The EDA's public works and economic development programs support locally developed projects that encourage long term economic self-sufficiency and global competitiveness for communities in economic decline. Public works projects are used to upgrade or expand an area's economic infrastructure to support the next generation of industry or commerce, or to redevelop existing facilities and industrial/commercial locations through infrastructure investments. These investments support a variety of economic development strategies, including redevelopment of brownfields sites. Most brownfields projects fall under two of EDA's five basic program areas — the Public Works Development Facilities Program and the Economic Adjustment Program. (*See Brownfields Showcase Community: Dallas, and Brownfields Showcase Community: Trenton in Program Pages.*)

Eligibility Criteria

General Eligibility. State and local governments, Indian tribes, Economic Development Districts, public and private non-profits, universities, and other institutions of higher education are among the eligible applicants for EDA programs. Non-profit organizations are required to act in cooperation with officials of the general purpose units of local government with jurisdiction over the project area.

The EDA has a pre-application process to provide communities the opportunity to obtain a preliminary EDA review of the project proposal before undertaking the development of a full application. Community officials with project proposals contact EDA's Economic Development Representative (EDR) for their area. If the EDR determines that the project meets basic eligibility requirements, he/she will provide the organization with the appropriate forms and a copy of the current Notice of Funding Availability (found in the Federal Register). The pre-application is then reviewed by the EDR and regional office staff to make eligibility and grant rate determinations, and to evaluate the competitiveness of the proposed project.

The EDA only encourages project proposals that will significantly benefit areas experiencing or threatened with substantial economic distress, and focuses its scarce financial resources on communities with the greatest economic distress. Area eligibility for Public Works Development Facilities grants and Economic Adjustment grants is based on the level of unemployment, per capita income, or special need. Potential applicants are responsible for

demonstrating to the EDA, by providing statistics and other appropriate information, the nature and level of distress their project efforts are intended to alleviate. In the absence of evidence of high levels of distress, EDA funding is unlikely.

A Comprehensive Economic Development Strategy (CEDS) is required to qualify for EDA assistance under most of its programs. A CEDS is the result of a local planning process designed to guide the economic growth of an area. This strategy should promote sustainable economic development and opportunity, foster effective transportation systems, enhance and protect the environment, and balance resources through sound management of development. The CEDS provides a mechanism for coordinating the efforts of individuals, organizations, local governments, and private industry concerned with economic development.

Priorities. The EDA will give priority to projects that help communities achieve and sustain economic growth, including those that support the priorities of the U.S. Department of Commerce. Projects that support the **U.S. Environmental Protection Agency's (EPA)** designated brownfields pilots and **Brownfields Showcase Communities** that are eligible for EDA funding receive priority for this reason.

Funds Available

Under EDA's fiscal year (FY) 2000 appropriation, program funds totaling $360,550,000 were available. Funds in the amount of $204,521,000 were available for projects under the public works and economic development programs in FY 2000. The average funding level for one of these program grants in FY 1999 was $849,000. For FY 2002, program funds totaling $365,557,000 were available. Funds totaling $290,900,000 were available for projects under the public works and economic development programs in FY 2002.

The EDA's funding of brownfields projects has increased dramatically since its initial involvement in 1992. In total, since that time, there have been 134 EDA brownfields projects, with funding totaling over $1.5 million.

Other Information

For more information contact your regional EDA office. A list of regional EDA contacts is available at:

http://www.doc.gov/eda/html/1c_regloffices.htm

U.S. GENERAL SERVICES ADMINISTRATION (GSA)

The **General Services Administration (GSA)** is one of three management offices in the federal government. The GSA provides other federal agencies the work space, products, services, and technology they need to accomplish their missions. As of February 2002, GSA assisted in the office operations of more than 1 million federal workers located in 8,300 government-owned and leased buildings in 1,600 U.S. communities.

Additionally, through its Public Buildings Service, the GSA serves as landlord and real estate agent for the federal government. In 1997, GSA launched its **Brownfields Redevelopment Initiative (BRI)** to identify and redeploy underutilized federal properties. Through BRI, surplus federal properties are reused for community revitalization programs that involve community organizations, local governments, and other federal agencies. In an effort to have federal agencies working together in cities, a community automatically becomes a **Federal Pilot City** once it is designated a Brownfields Showcase Community by the U.S. Environmental Protection Agency (EPA). (*See Brownfields Showcase Community: Dallas in Program Pages.*)

If a federal agency reports that it no longer need a property, and no other federal agency needs this property, it is declared "surplus." GSA then makes the surplus federal property available to state and local governments or non-profit organizations through public benefit conveyances or negotiated sales. Through a public benefit conveyance, property can be discounted by up to 100% of the fair market value, but the property must continue to be used for a public purpose. There are no restrictions on the use of federal property purchased through negotiated sales.

Eligibility Criteria

State and local governments, eligible public institutions, and non-profit organizations may acquire federal surplus property. For a public benefit conveyance the public or non-profit organization must illustrate that the property and its facilities are used in the public's best interest. The following are some of the most common uses of public benefit conveyances:

- aid for the homeless;
- education;
- housing (self-help);
- parks and recreation;
- public health;
- public safety; and
- wildlife conservation.

Funds Available

GSA does not provide any funds for community development. The property available for

use varies greatly in type and location. In fiscal year (FY) 1997, 29% of GSA property disposals consisted of public benefit conveyances, totaling $398 million.

Other Information

For more information contact:

U.S. General Services Administration
Office of Property Disposal
1800 F Street, N.W.
Washington, DC 20405
(202) 501-0800
www.propertydisposal.gsa.gov, or

www.gsa.gov

URBAN COMMUNITY SERVICE PROGRAM

The purpose of the **Urban Community Service Program** of the U.S. Department of Education is to encourage urban academic institutions to work with private and civic organizations to devise and implement solutions to pressing and severe problems in their surrounding urban communities. (*See, for example, Neighbor-to-Neighbor Program in Program Pages.*)

Eligibility Criteria

Institutions of higher education that are designated as "urban grant institutions" are eligible to apply for a program grant. In designating eligible institutions, the Secretary of Education determines whether an institution meets seven statutory requirements that demonstrate the institution's ability to fulfill the mission of the program. The requirements include measures of institutional capacity, past service, and commitment to the community. The Higher Education Amendments of 1992 expanded the definition of an urban area to include metropolitan areas with a population of 350,000 and above (previously the standard was 500,000 and above).

Funds Available

The program is no longer active and is in closeout status. When annual funding was provided for the program, an average of $470,588 was awarded to each of 17 institutions of higher education (fiscal year (FY) 1992). In FY 1993, an average of $409,739 was awarded for 17 continuation grants and 6 new grants.

Other Information

For more information contact:

Marion Steward, Institutional Development and Undergraduate Education Programs.
(202) 502-7594
marion_steward@ed.gov

URBAN LEAGUE

The **Urban League** is a nonprofit, nonpartisan, community-based movement, founded in 1910. Its mission is to advance the social and economic conditions of African Americans through improvements in education, economic self-sufficiency, and racial integration. Although headquartered in New York City, the Urban League has over 100 affiliates in 34 states and the District of Colombia, all providing various resources and programs to their communities.

The **Baltimore Urban League** was created in 1924. It provides services to the African American community in Baltimore in 6 general areas — education, employment, environment, housing, technology, and transportation. Specific services include free computer training courses, homeownership counseling, and access to a one-stop career center. The Baltimore Urban League has been active in the communities involved in Baltimore's Brownfields Initiative. (*See Brownfields Showcase Community: Baltimore in Program Pages.*)

Eligibility Criteria

Eligibility for services varies by affiliate and by type of program offered.

Funding Available

The services and financial assistance available also vary by affiliate and by type of program offered.

Other Information

National Urban League
120 Wall Street
New York, NY 10005
(212) 558-5300
http://www.nul.org
info@nul.org

Baltimore Urban League
512 Orchard Street
Baltimore, MD 21201-1947
(410) 523-8150
www.bul.org
email@bul.org

or your local National Urban League affiliate. A list of affiliates is available at:
http://www.nul.org/affiliat.html

VISION FOR HEALTH CONSORTIUM

Baltimore's **Vision for Health Consortium (VFH)** is a project of Community Voices: Health Care for the Underserved, a multi-year initiative funded by the W.K. Kellogg Foundation. Begun in 1998, the Community Voices program works to improve access to quality health services for the medically underserved — the working poor, individuals and families receiving public assistance, and the uninsured.

The VFH runs a comprehensive community health care program for the residents of the Sandtown-Winchester, a largely African American Baltimore community plagued by substance abuse and unemployment. (*See Gilmor Homes (Jobs-Plus in Baltimore) in Program Pages.*) VFH focuses on five health problem areas as defined by the residents of the community — adult primary care, children's health services, outreach, substance abuse treatment, and violence prevention. As a result, in addition to providing residents with physicals, health assessments and screenings, and immunizations, VFH has also addressed substance abuse, unemployment, and violence issues. Additional VFH projects include the Maryland Citizens' Health Initiative Education Fund, Inc., an initiative to increase access to health care for the uninsured while also increasing residents' capacity to navigate the health care system. VFH provided the initial support for the Fund, which has since received grants from the Abell, Casey, Straus, Balustein, Kreiger, Open Society, and Fund for Change foundations.

The VFH's core partners are the Enterprise Foundation, the Baltimore City Health Department, Bon Secours Baltimore Health System, Total Health Care, University of Maryland Medical System, University of Maryland School of Nursing, and Community Building in Partnership.

Eligibility Criteria

In addition to the medically underserved groups listed above, individuals—including recently released ex-offenders — least likely to be reached by other programs are the target recipients of the quality health care made available by The Community Voices project and VFH. For example, VFH, in collaboration with the Baltimore City Health Department, opened the nation's first health center for uninsured men between the ages of 19 and 64, many of whom are not eligible for government health programs. The center is funded by the Baltimore City Health Department and private grants from the Robert Wood Johnson Foundation, W.K. Kellogg Foundation, and VFH.

Other Information

For more information about VFH, contact:

Lawrence Shorter
Vision for Health Consortium
1137 North Gilmor Street
Baltimore, MD 21217
(410) 728-8230
(410) 462-6869 (fax)
VFHealth@clark.net
www.communityvoices.org

WORKFORCE INVESTMENT ACT (WIA)

The **Workforce Investment Act (WIA)**, enacted in 1998 (P.L. 105-220) is the basis for a workforce preparation and employment program designed to meet the needs of both businesses and those seeking employment. It superseded the **Job Training Partnership Act** (JTPA). (*See Job Training Partnership Act (JTPA) in Resource References.*) WIA is based on the following components:

- locally designed training and employment programs;
- easily-accessible information on employment, education, and occupational training;
- ability for persons to choose the training program in which they will participate;
- access to information on effectiveness of job training providers; and
- active participation of businesses in program development.

The main focus of WIA is the creation of the "One-Stop" system — a mechanism for customers to easily obtain the information about and access to job training, education, and employment services they need.

Eligibility Criteria

All adults ages 18 and over all eligible for core services under WIA, although priority for intensive services are given to recipients of public assistance, and other low-income individuals. Dislocated workers (excluding the long-term unemployed) and low income youth ages 14 to 21 are also eligible to participate in programs authorized by WIA.

Funding Available

WIA authorizes the creation of both state and national programs. The WIA authorizes funding for the following three populations: adults, dislocated workers, and youth. Local areas receive 85 percent of adult and youth funds, with the remaining 15 percent allocated to statewide activities. In regards to dislocated workers funds, 20 percent is reserved for the Secretary of Labor for use as emergency grants, demonstrations, and technical assistance. The remaining 80 percent is divided among local areas, statewide activities, and state rapid response activities.

Funds are awarded to the states in the same manner as they were under the JTPA.

Other Information

For more information, contact:

Office of Career Transition Assistance
Employment and Training Administration
200 Constitution Avenue, N.W.
Room S4231
Washington, DC 20210
(202) 693-3045
http://usworkforce.org

A document describing the Workforce Investment Act and highlighting the changes from the Job Training Partnership Act in its appendix is available at:

http://usworkforce.org/plaintext.pdf

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Edna McConnell Clark Foundation *See Private Not For Profit Sector, Philanthropic Institutions*

El Paso (TX), City of *See Public Sector, City Governments*
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El Paso Community Foundation (TX) *See Private Not For Profit Sector, Community Foundations*

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Empower Baltimore Management Corporation *See Public Sector, Federal Government, U.S. Department of Housing and Urban Development, Empowerment Zone(EZ)/Enterprise Community (EC) Initiative, Baltimore Empowerment Zone (EZ)(MD)*

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